



Community Health Needs Assessment

Lee County, NC | October 2022

2022 Lee County Community Health Assessment Co-authors: William Heath Cain, Mandisa McAllister

Introduction and Vision Statement

The Community Health Needs Assessment identifies priority health concerns of Lee County, as well as gives insight into the current assets that are in place throughout the county. The surveys include questions about community perceptions concerning safety, community health interests, education, poverty, income, employment, mental health, access to care, housing, and more. For 2022, the Lee County Health Department partnered with long-term partner LeeCAN, and new partner with Central Carolina Hospital.

Lee County Health Department

Mission: *Promoting better health and a safe environment for all Lee County residents.*

Since its origins in 1907, Lee County has grown to house almost 64,000 residents. The Lee County Health Department is based in the county seat, Sanford, North Carolina. Over the years, the department has included five divisions to cover community needs: clinical services, environmental health, animal services, community health education and promotion, and public health preparedness. Each of these serve county residents in some way through daily duties and community event engagement.



Central Carolina Hospital

Mission: *Making Communities Healthier®*

With a growing population in Lee County and surrounding areas, Central Carolina hospital has grown to include 137- bed acute care and over 600 employees, including over 100 physicians. Central Carolina provides plenty of specialties including cardiology, orthopedics, ophthalmology, general surgery, obstetrics, gynecology, emergency medicine, gastroenterology, hospitalist services, nephrology, hematology, urology, podiatry, pulmonary medicine, and wound care.

Lee Community Action Network (LeeCAN)

Mission: *Increase awareness and resources to effectively address health and safety issues in Lee County through a collaborative community effort.*

LeeCAN was established in 1997 through the Healthy Carolinians program. Though Health Carolinians no longer exists, LeeCAN continues to engage with the community to address health priorities.



Leadership, Partnerships, and Collaborative Process

The 2022 Community Health Assessment is a community-driven and shared process. Leadership roles of the community health needs assessment is based on collaborative partnership between Lee County Health Department, LeeCAN, Central Carolina Hospital, and local community collaborators from El Vinculo, El Refugio, Lee County Public libraries, Dennis A. Wicker Civic Center, and McSwain Center. Primary roles of partnerships are to aid with data collection, analysis, and interpretation of community surveys.

Organization

Central Carolina Hospital
Lee Community Action Network (LeeCAN)
Lee County Health Department

Stratasan

Partnerships

Public Health Agency
Hospital/Health Care System
Community Organizations
Businesses
Public Members

Member

Chris Fensterle, CEO
Annie McIver, Representative
William Heath Cain, Health Director
Mandisa McAllister, Administrative Assistant
Lee Ann Lambdin, SVP Healthcare Strategy

Number of Partners

1
1
6
1
25

Contracted Services

Central Carolina Hospital contracted Stratasan to compile and analyze the data gathered from the community health surveys. Stratasan used primary data collected from community surveys and focus groups to produce analysis.

Theoretical Framework and Model

Lee County followed guidelines from the North Carolina Division of Public Health eight-phase community health assessment process.

1. **Establish CHNA/CHA Leadership Team:** The Community Health Assessment team represents members from health agencies, local partners, and the Spanish community.
2. **Collect primary data:** Community Survey and Focus Groups
3. **Collect secondary data:** Gather data from local, state, and national-level sources.
4. **Analyze and interpret county-level data:** Analyze primary data using contracted services from Stratasan. Review raw data and analysis with Health Department, LeeCAN, and Central Carolina hospital.
5. **Determine health priorities:** Reflect on data from primary and secondary data sources. Select health issues with highest prevalence in the county and more frequently mentioned.
6. **Create CHA/CHNA document.**
7. **Disseminate CHA/CHNA document:** Distribute the Community Health Assessment findings through main public health website, presentations to the Board of Health, and disseminating to local media outlets.
8. **Develop Community Health Improvement Plans:** Create action plans to address health priorities identified in the CHA/CHNA and how progress will be measured in the short- and long-term.

Key Findings and Health Priorities

Results from the community survey and focus groups shared primary concern over the following health outcomes:

Mental Health



Substance Abuse



Healthy Eating, Active Living



Social Determinants of Health



Next Steps

The Community Health Assessment is complete and health priorities are identified. The next phase involves creating Community Health Improvement Plans for each primary health concern. Discussions will take place among the Community Health Education and Promotion division of the Lee County Health Department and community organizations to initiate evidenced-based health activities and programming that address the identified health concerns. Improvement plans will be developed and submitted to the state by September 2023.



Progress since 2019 CHNA

Lee County, NC CHNA

Tobacco & Substance Use



- ◎ QuitlineNC
- ◎ The Commission on The Opioid Abuse Epidemic
- ◎ Sandhills Opioid Consortium
- ◎ Project Lazarus
- ◎ Narcan distribution

Teen Pregnancy & STDs



- ◎ Partnership for Children and Families Initiatives: Reducing the Risk & Adolescent Parenting Program (AP2)
- ◎ Infant Mortality Reduction- Safe Sleep Classes

- ◎ LEEding Towards Wellness- Cooperative Extension Initiatives: Red Tablecloth, Virtual Walking and Wellness Challenge, A Healthy Resource Map
- ◎ Relationships with Community Housing partners to bring nutrition related programming directly to communities.

Mental and Behavioral Health



- ◎ 988 Implementation
- ◎ CIT Training
- ◎ Crisis Support Brochure
- ◎ Opioid Misuse & Overdose Brochure
- ◎ Daymark & LCHD Partnership

COVID-19



- ◎ Vaccination Clinics
- ◎ Testing
- ◎ Kit Distribution
- ◎ Mask Distribution



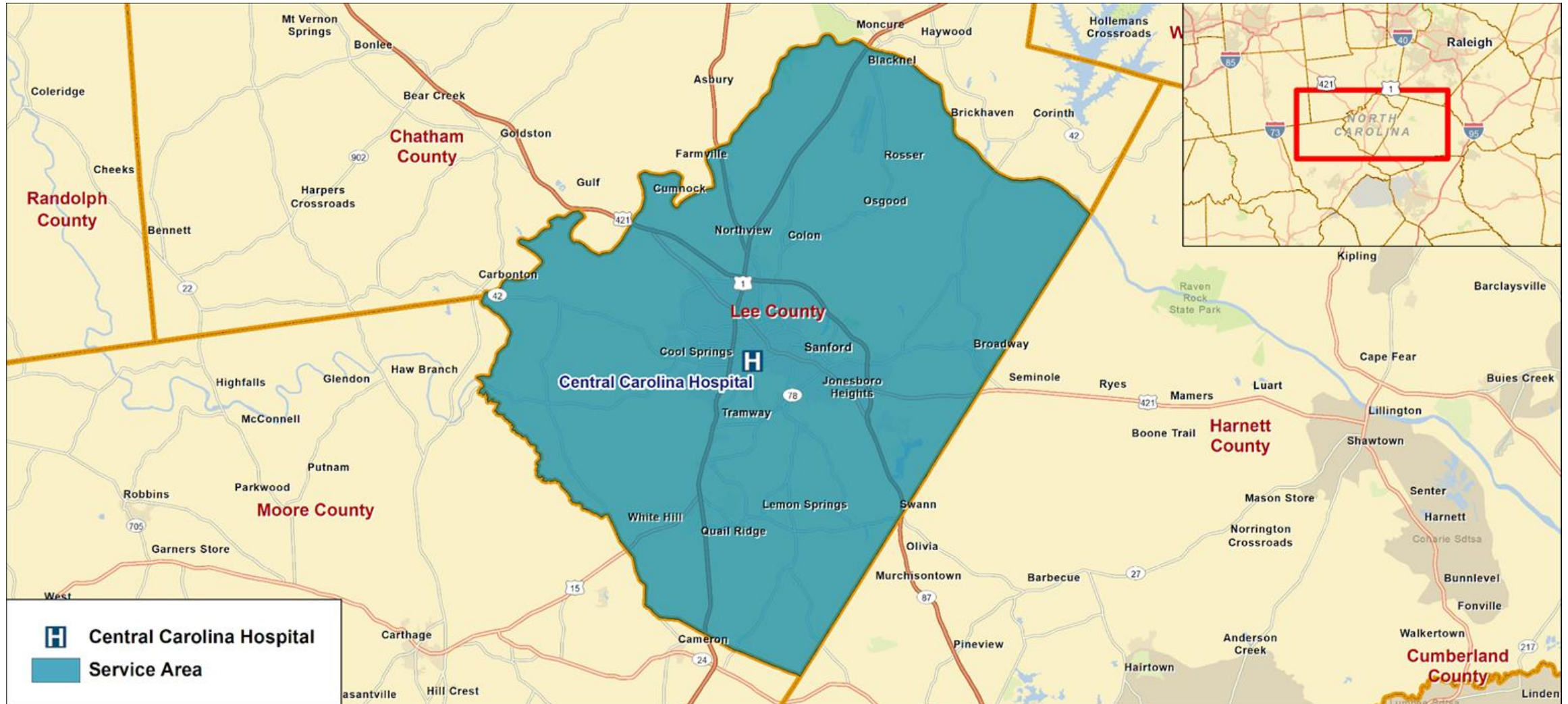
Demographics and Socioeconomics

Lee County, NC CHNA

Central Carolina Hospital CHNA Geography



CENTRAL CAROLINA
HOSPITAL
A Duke LifePoint Hospital



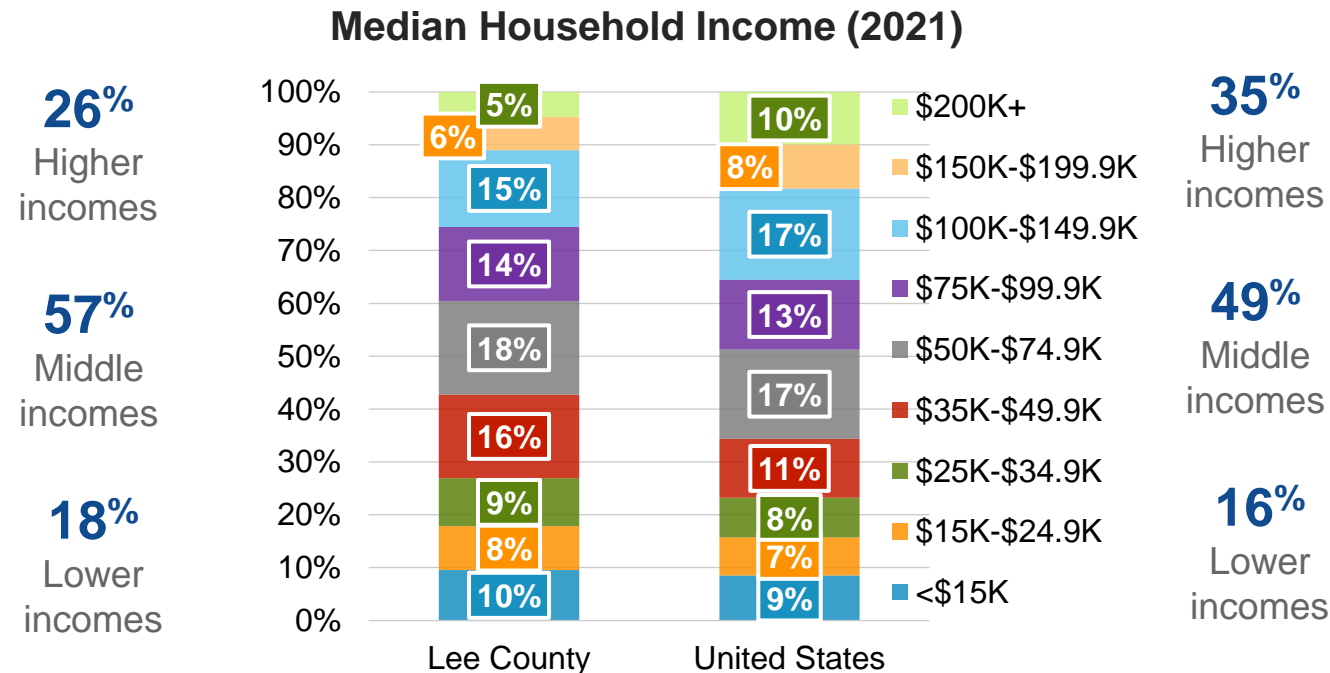
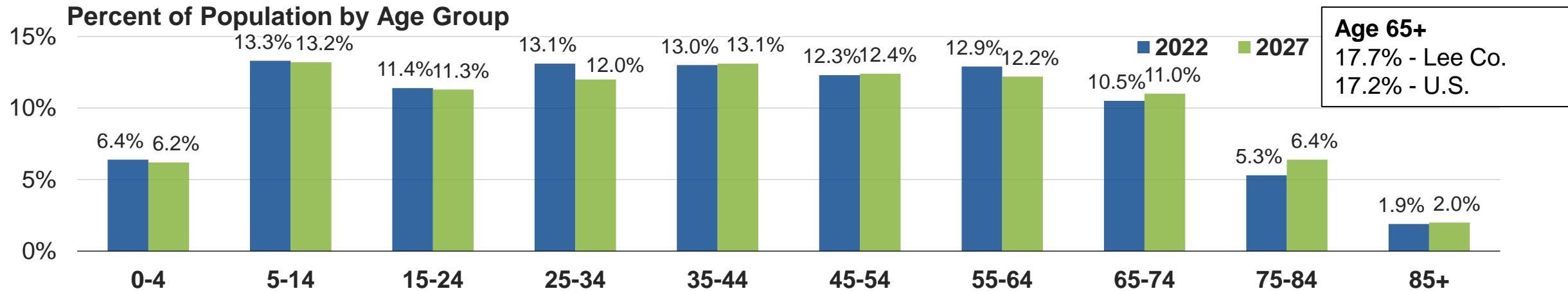
County Demographic Summary 2022



	Lee County	North Carolina	USA
Population	64,597	10,671,397	335,707,897
Median Age	39.4	39.2	38.9
Median Household Income	\$57,943	\$62,513	\$72,414
Annual Pop. Growth (2022-2027)	0.54%	0.57%	0.25%
Household Population	25,161	4,262,517	128,657,669
Dominant Tapestry	Down the Road (10D)	Southern Satellites (10A)	Green Acres (6A)
Businesses	2,401	402,186	12,609,070
Employees	28,492	4,549,765	151,363,907
Health Care Index*	84	92	100
Average Health Expenditures	\$5,979	\$6,515	\$7,087
Total Health Expenditures	\$150.4 M	\$27.8 B	\$911.7 B
Racial and Ethnic Make-up			
White	60%	62%	61%
Black	17%	21%	12%
American Indian	1%	1%	1%
Asian/Pacific Islander	1%	3%	6%
Other	12%	6%	9%
Two or More Races	9%	7%	11%
Hispanic Origin	21%	11%	19%

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and health insurance relative to a national index of 100.

Lee County Demographics 2022



County Demographics Analysis



Population

According to the 2018 Community Health Assessment, the population in Lee County for 2018 was 60,430. For 2022, the population was 64,597 meaning there has been an increase by more than 4,000.

Race/Ethnicity

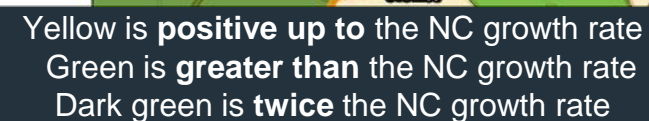
Race and ethnicity distribution in Lee County changed since the last health assessment. White decreased to 60%, Black decreased to 17%, American Indian, Asian/Pacific Islander remained the same at 1%, the group for Two or More Races increased to 9%, and the group for Other increased from 4.3% to 12% in 2022. The Hispanic ethnicity increased from 19.3% to 21%.

Age

The median age increased from 37.9 to 39.4. Persons 65 years and older also increased from 15.9 to 17.7.

The changing demographics exhibit a need for adaptation amongst the county when addressing community needs in order to achieve health equity.

Population Change



Population Change



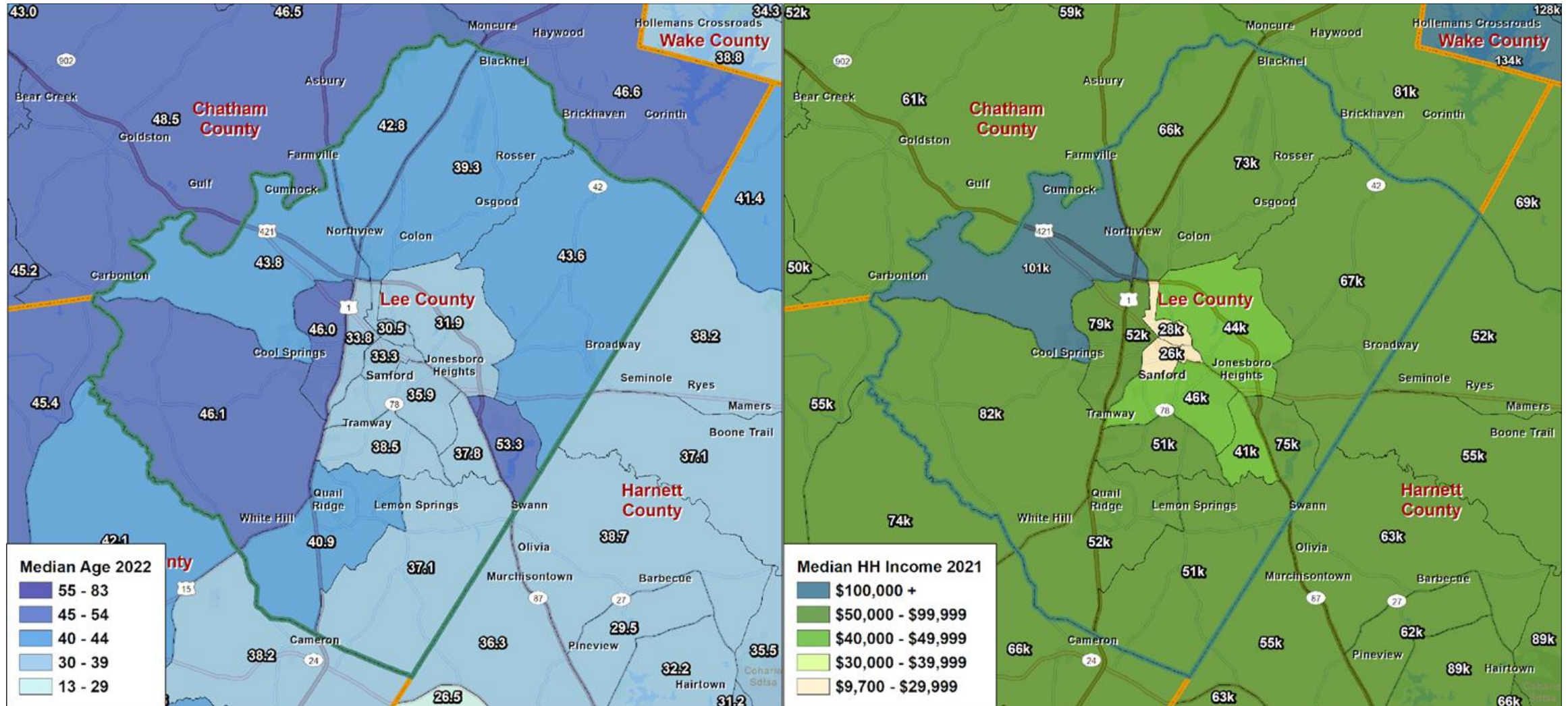
This image displays in detail the increasing population occurring within Lee County. The different colors explain the intensity of population changes happening. Most areas in Lee County are experiencing more positive growth than the state rate shown by the yellow and green colors.

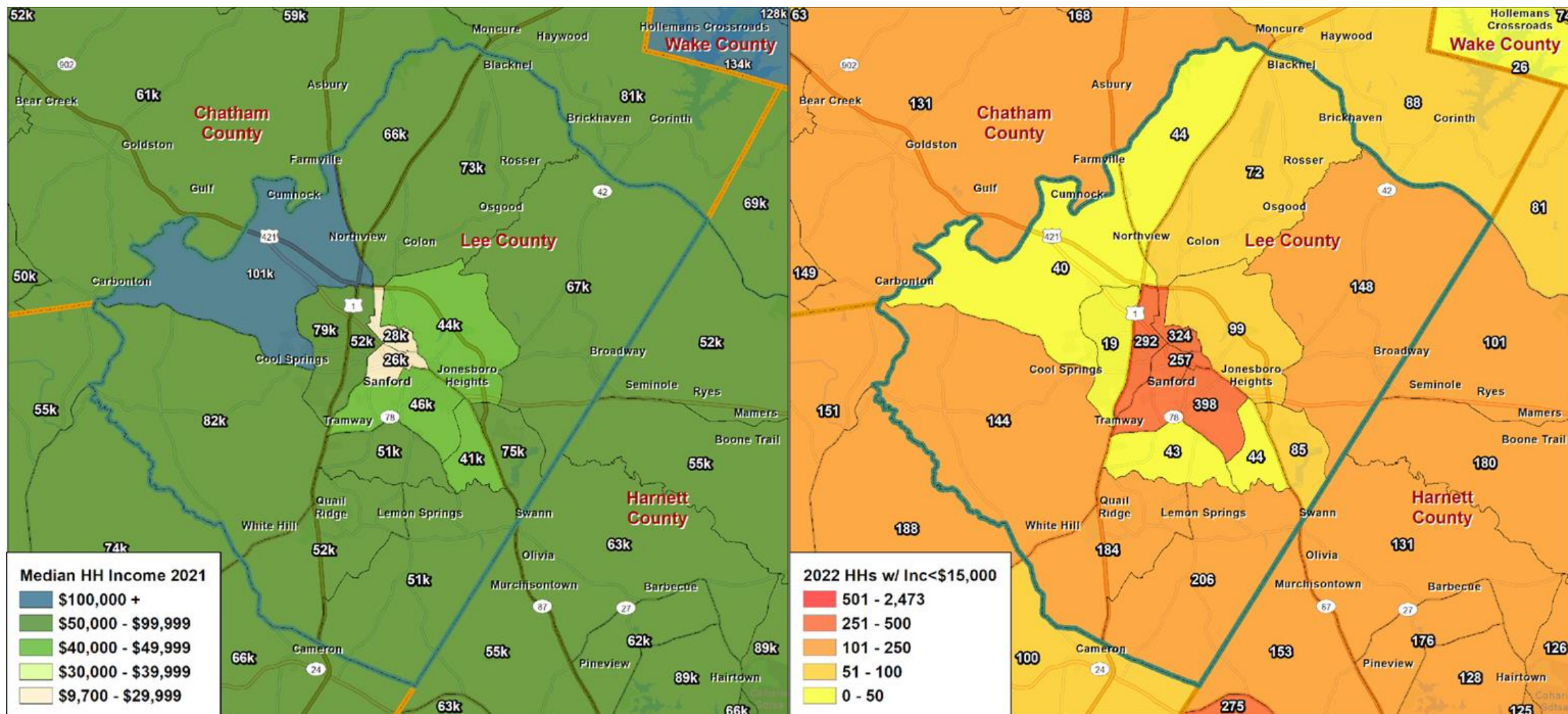
Surrounding areas of Lee County also exhibit similar amounts of growth.

Population increases yield a greater need for adaptation in community resources and understanding how the population change may influence community culture.

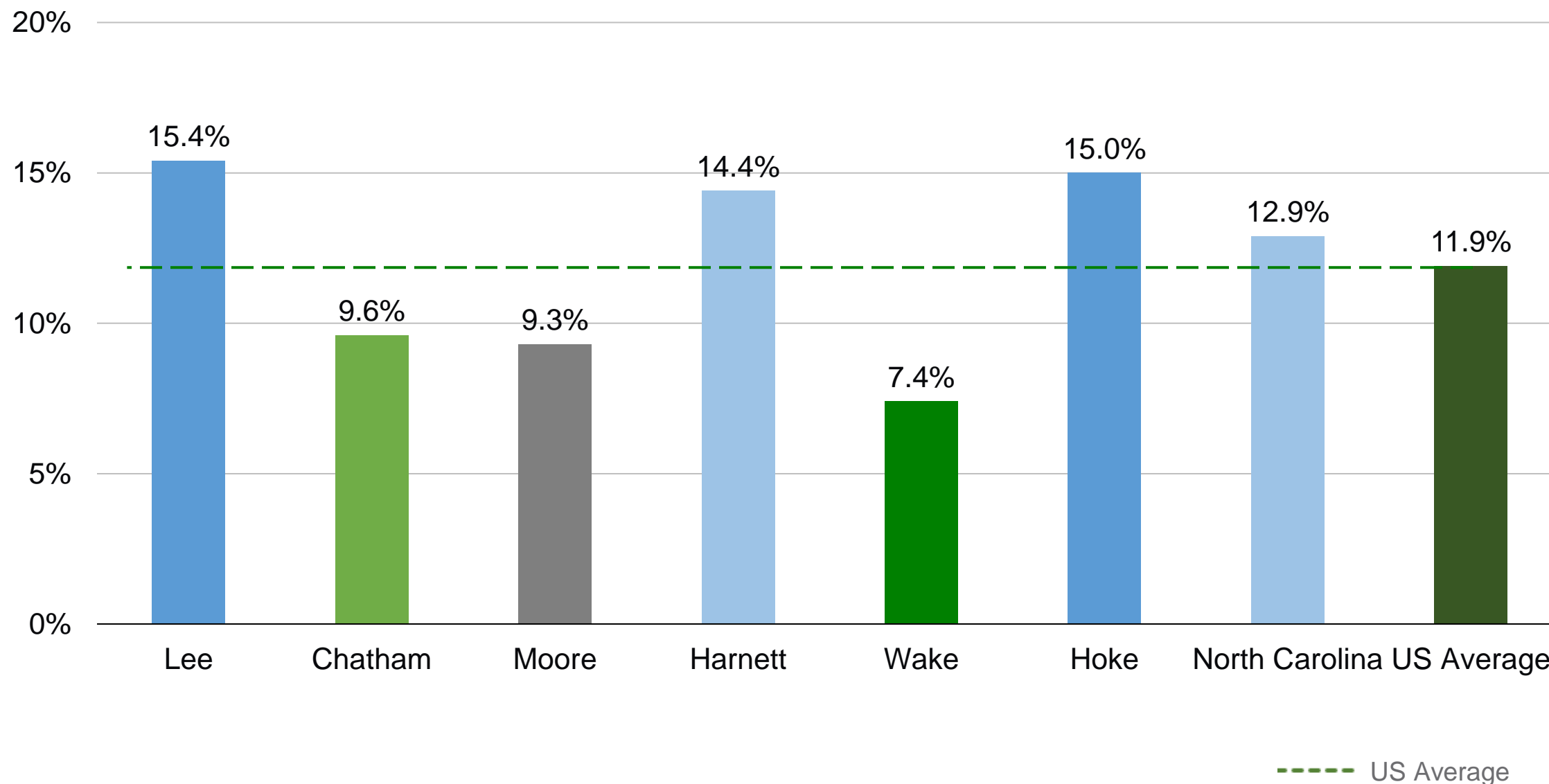
Median Age

Median Income





Poverty Estimates 2020 for Nearby Counties, NC, and US



Cost of Living



	Lee County	North Carolina	USA
Overall	81.0	91.0	100
Grocery	95.5	96.5	100
Housing	60.2	83.1	100
Median Home Cost	\$175,500	\$242,300	\$291,700
Utilities	100.7	99.2	100
Transportation	73.6	83.9	100
Miscellaneous	88.9	89.2	100

100 index = National Average

https://www.bestplaces.net/cost_of_living/county/North Carolina/Lee

The total of all the cost-of-living categories weighted subjectively as follows: housing (30%), food and groceries (15%), transportation (10%), utilities (6%), health care (7%), and miscellaneous expenses such as clothing, services, and entertainment (32%). State and local taxes are not included in any category. The overall index for transportation costs, including gasoline, commuting, and auto insurance



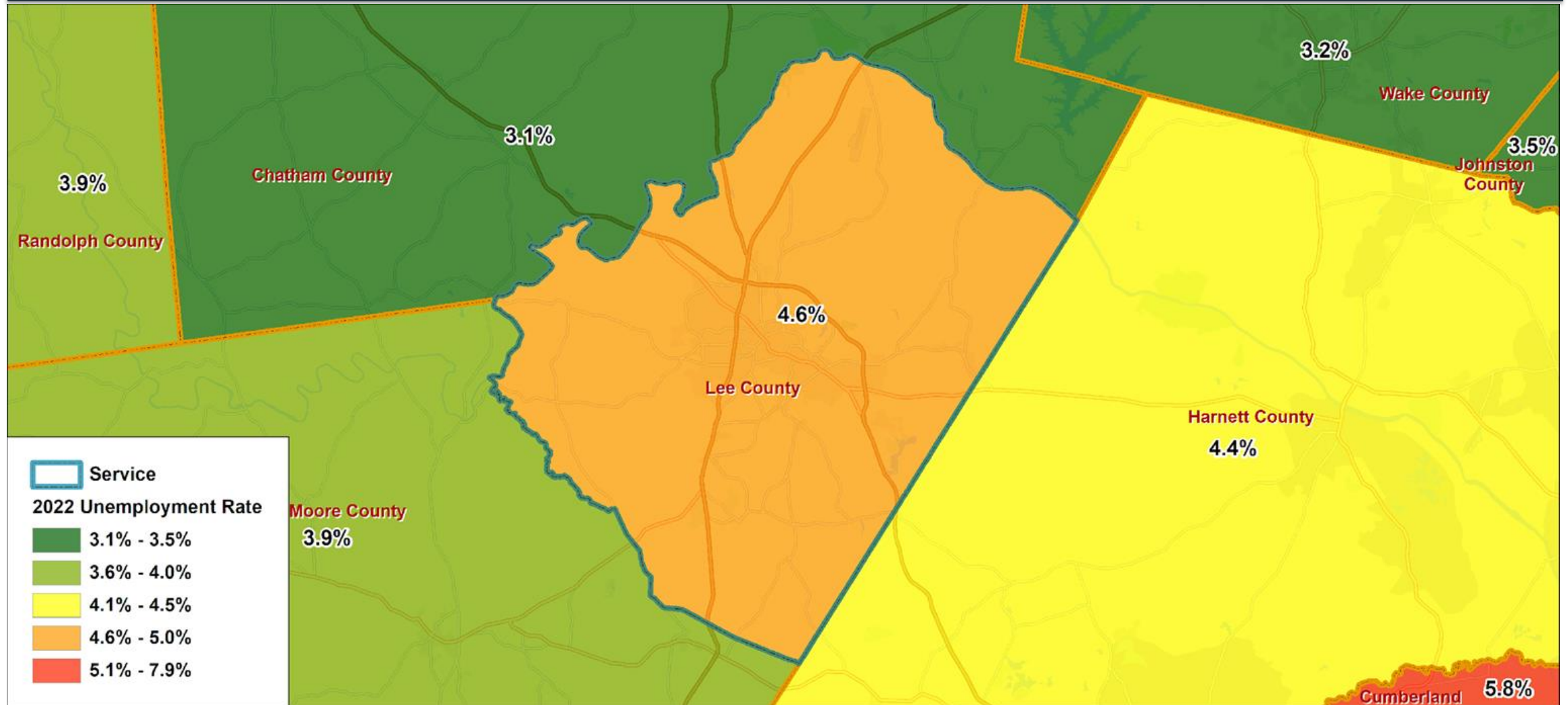
Business & Industry Environment

Lee County, NC CHNA

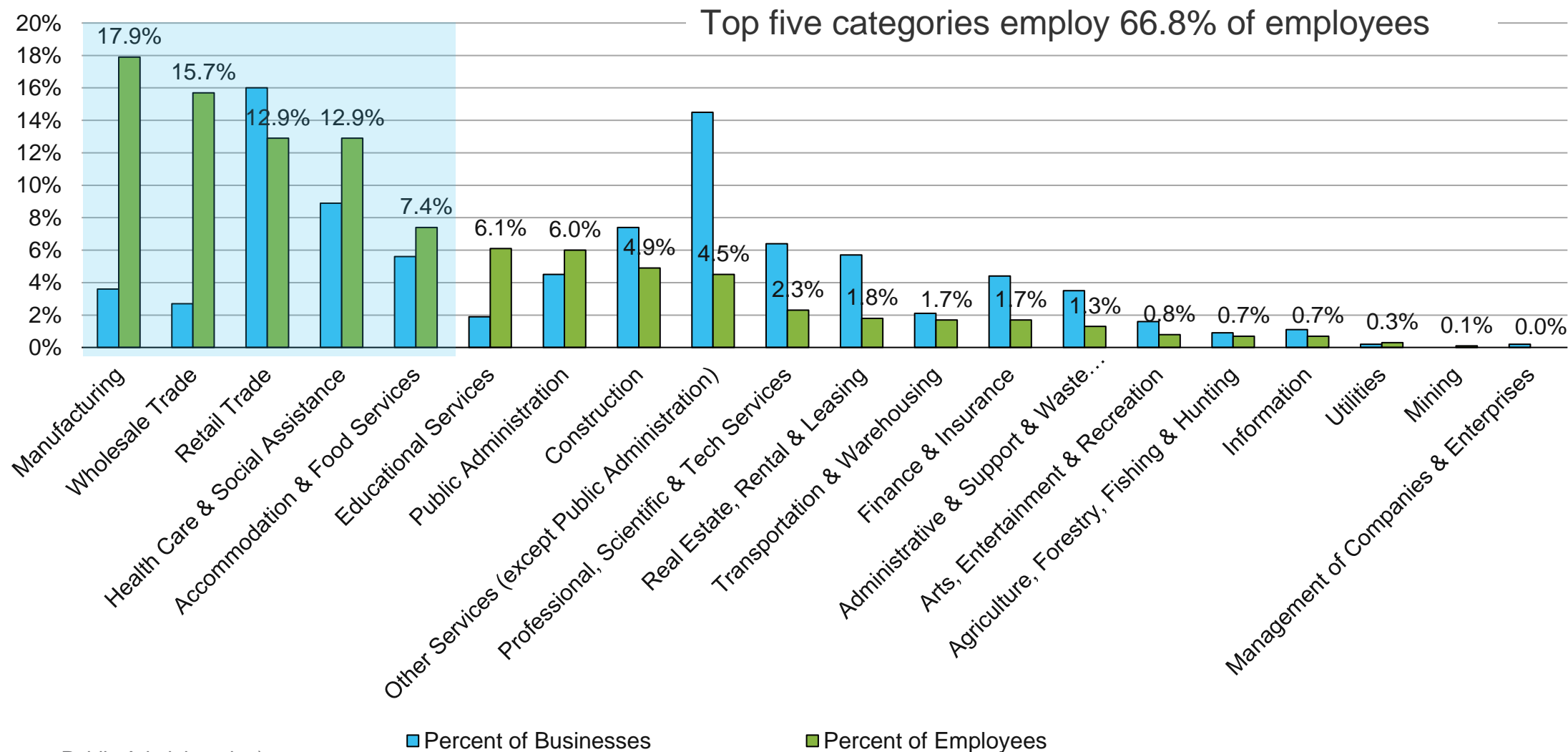
Unemployment by County



(2022 May Preliminary): Lee County – 4.6% | North Carolina – 3.4% | U.S. – 4.0%



Lee County Business Environment 2022



Other Services (except Public Administration):

Establishments in this sector are primarily engaged in activities, such as equipment and machinery repairing, promoting or administering religious activities, grantmaking, advocacy, and providing dry-cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, and dating services.

Lee County Commuter In-migration

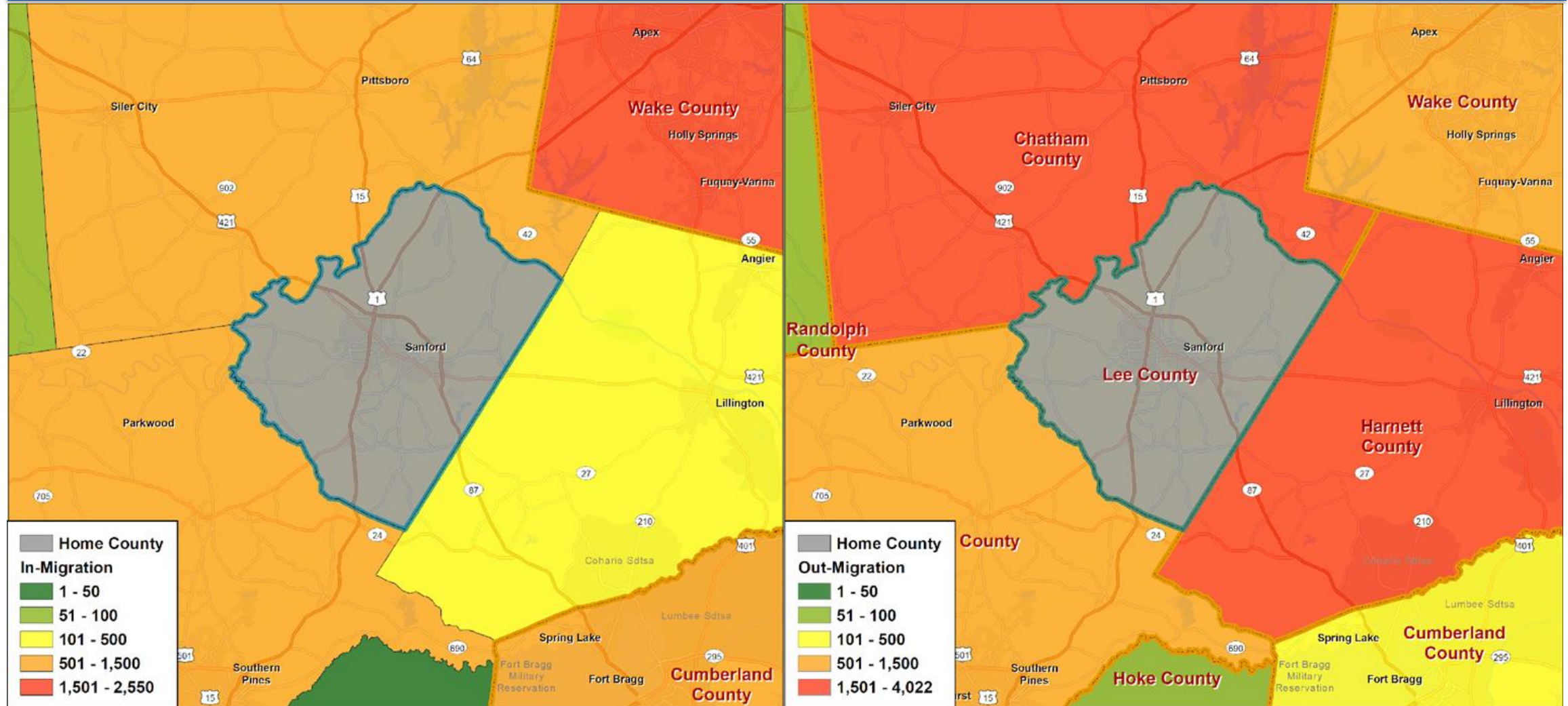
Lee County Commuter Out-migration



In Migration: 7,435

Out Migration: 9,197

Net Flux: **-1,762**





Psychographics

Lee County, NC CHNA

Tapestry Profile



Neighborhood classification based on purchasing and lifestyle behaviors

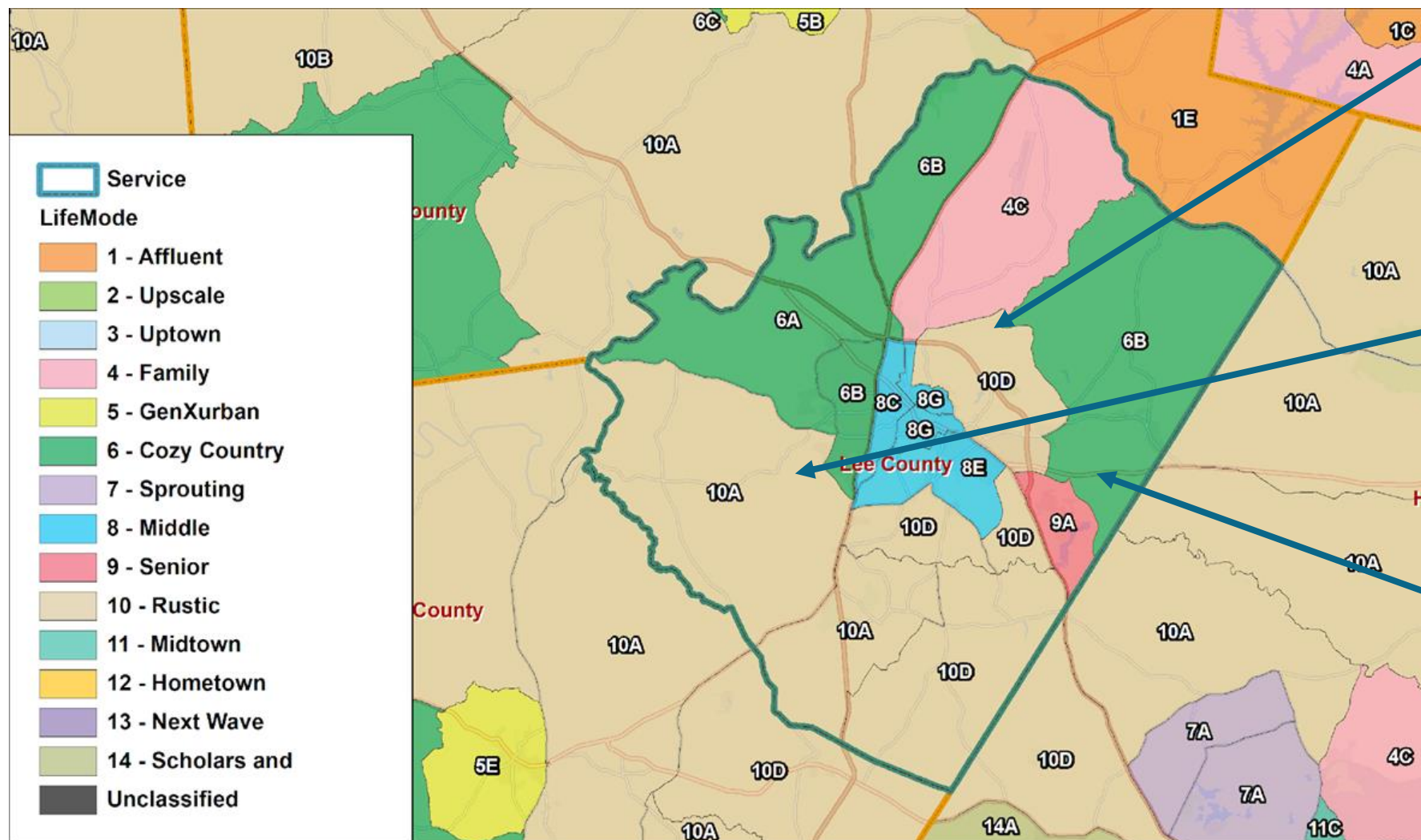
14 LifeModes 67 Tapestry Segments

L0 LifeMode Group	L1 Affluent Estates	L2 Upscale Avenues	L3 Uptown Individuals	L4 Family Landscapes
0A Name Tapestry Segment Number EXAMPLE	1A Top Tier 1B Professional Pride 1C Boomburbs 1D Savvy Suburbanites 1E Exurbanites	2A Urban Chic 2B Pleasantville 2C Pacific Heights 2D Enterprising Individuals	3A Laptops & Lattes 3B Metro Renters 3C Trendsetters	4A Workday Drive 4B Home Improvement 4C Middleburg
L5 Gen X Urban	L6 Cozy Country Living	L7 Sprouting Explorers	L8 Middle Ground	L9 Senior Styles
5A Comfortable Empty Nesters 5B In Style 5C Parks & Rec 5D Rustbelt Tradition 5E Midlife Constants	6A Green Acres 6B Salt of the Earth 6C The Great Outdoors 6D Prairie Living 6E Rural Resort Dwellers 6F Heartland Communities	7A Up & Coming Families 7B Urban Villages 7C Urban Edge Families 7D Forging Opportunity 7E Farm to Table 7F Southwestern Families	8A City Lights 8B Emerald City 8C Bright Young Professionals 8D Downtown Melting Pot 8E Front Porches 8F Old & Newcomers 8G Hometown Heritage	9A Silver & Gold 9B Golden Years 9C The Elders 9D Senior Escapes 9E Retirement Communities 9F Social Security Set
L10 Rustic Outposts	L11 Midtown Singles	L12 Hometown	L13 Next Wave	L14 Scholars & Patriots
10A Southern Satellites 10B Rooted Rural 10C Economic Bedrock 10D Down the Road 10E Rural Bypasses	11A City Strivers 11B Young & Restless 11C Metro Fusion 11D Set to Impress 11E City Commons	12A Family Foundations 12B Traditional Living 12C Small Town Simplicity 12D Modest Income Homes	13A Diverse Convergence 13B Family Extensions 13C NeWest Residents 13D Fresh Ambitions 13E High Rise Renters	14A Military Proximity 14B College Towns 14C Dorms to Diplomas

[Click here for more information on Tapestry Segments](#)

Dominant Tapestry Segmentation by Census Tract

Top three categories represent 45% of total households.



Top 3 Tapestry Segments

10D | Down the Road (17.9%)

- 35.0 med. age
- \$39k med. HH income
- Almost half of householders live in mobile homes
- Young, family-oriented consumers who value their traditions
- Participate in fishing and hunting
- Use the internet to stay connected with friends and play online video games.

10A | Southern Satellites (14.8%)

- 40.3 med. age
- \$47.8k med. HH income
- Enjoy country living, preferring outdoor activities and DIY home projects
- More concerned about cost rather than quality or brand loyalty
- Somewhat late in adapting to technology
- They obtain a disproportionate amount of their information from TV

6B | Salt of the Earth (12.2%)

- 44.1 med age
- \$56k med. HH income
- They may be experts with DIY projects, but the latest technology is not their forte. They use it when absolutely necessary, but seek face-to-face contact in their routine activities
- Last to buy the latest and greatest products
- Try to eat healthy, tracking the nutrition and ingredients in the food they purchase.

[Click here for more information on Tapestry Segments](#)

Dominant Tapestry Segmentation of Lee County

Arrows point to the top 3 tapestry segments within the county. Tapestry segments only appear on map if they are ranked 1st in a census tract.

WHAT Report: Lee County Health & Behavior Habits



Health Habits of Your Community	More-Likely
Smoked 9+ Packs Of Cigarettes Last 7 Days	280
Used Chewing or Smokeless Tobacco Last 6 Mo	222
Smoked Non-Menthol Cigarettes Last 12 Mo	206
Smoked Cigarettes Last 12 Mo	189
Smoked Menthol Cigarettes Last 12 Mo	186
Filled Prescription at Discount or Department Store Last 12 Mo	176
Smoked 2+ Cigars Last 7 Days	168
Used Denture Adhesive or Fixative Last 6 Mo	162
Used Denture Cleaner Last 6 Mo	157
HH Used Children`s Cough Syrup Last 6 Mo	154
Used Rheumatoid Arthritis Prescription Drug	154
Filled Prescription at Supermarket Last 12 Mo	148
Used `Cold Turkey` Method to Stop Smoking/Last 12 Mo	146
Smoked Electronic/E-Cigarette/Vaporizer Last 12 Mo	145

Behavior Habits of Your Community	More-Likely
Very Conservative Political Outlook	156
Affiliated With Republican Policial Party	154
Do not try to eat healthy	149
Rarely buy based on quality not price	146
Strongly prefer travel in the U.S. over abroad	145
Occasionally try to eat healthy with nutrition focus	141
Vote in National Elections: 1-Never	141
Do not use Internet for banking transactions	139
Helping to preserve nature is of average importance	139
Am not more environmentally conscious than most people	138
Somewhat likely to buy first house in next 12 months	136
Do not follow a regular exercise routine	134
Rarely pay more for environmentally safe product	134
Am not interested in how to help the environment	134

Note: United States Index is 100

WHAT Report: Lee County Communication & Technology Habits



Communication Habits of Your Community	More-Likely
Watched Bounce Last Week	323
HH Has Dish Network Satellite Dish	297
Watched INSP Last Week	277
Purchased Music at Discount Department Store Last 6 Mo	250
Watched CMT (Country Music Television) Last Week	239
Listen to Hispanic Radio Format	238
Listen to Country Radio Format	215
Watched Nickelodeon Last Week	214
Watched TV Land Classic Last Week	211
Watched WE TV Last Week	209
Watched Outdoor Channel Last Week	207
Watched Cartoon Network Last Week	207
Watched Disney XD Last Week	206
Watched BET (Black Entertainment TV) Last Week	201

Technology Habits of Your Community	More-Likely
Satellite Service Connection to Internet at Home	298
Used Spanish Language Website or App Last 30 Days	216
Used Telemundo Website or App Last 30 Days	174
DSL Connection to Internet at Home	139
Used Xbox Live Online Gaming Service Last 30 Days	138
Spend <0.5 Hours Online (Excluding Email) Daily	134
HH Spent \$1-\$499 On Most Recent Home Computer	133
Played a Game Using Social Media Last 30 Days	130
HH Owns Portable GPS Device	125
HH Owns Nintendo Wii U Video Game System	123
HH Owns Xbox 360 Video Game System	122
Used Internet to Download Video Game Last 30 Days	119
HH Most Recent TV Purchase: Small Screen (<27 in)	119
HH Most Recent TV Purchase: Medium Screen (27-35 in)	118

Note: United States Index is 100

Lee County Medical Expenditures Index

					Amount Spent		
					Average	Total	
Health Care					\$5,979	\$150.4 M	
Medical Care					\$2,024	\$50.9 M	
		84	<div><div></div></div>				
Physician Services		84	<div><div></div></div>		Physician Services	\$242	\$6.1 M
Dental Services		82	<div><div></div></div>		Dental Services	\$375	\$9.4 M
Eyecare Services		85	<div><div></div></div>		Eyecare Services	\$67	\$1.7 M
Lab Tests, X-Rays		87	<div><div></div></div>		Lab Tests, X-Rays	\$68	\$1.7 M
Hospital Room and Hospital Services		86	<div><div></div></div>		Hospital Room and Hospital Services	\$196	\$4.9 M
Convalescent or Nursing Home Care	76		<div><div></div></div>		Convalescent or Nursing Home Care	\$29	\$0.7 M
Other Medical services	79		<div><div></div></div>		Other Medical services	\$138	\$3.5 M
Nonprescription Drugs		86	<div><div></div></div>		Nonprescription Drugs	\$152	\$3.8 M
Prescription Drugs		90	<div><div></div></div>		Prescription Drugs	\$341	\$8.6 M
Nonprescription Vitamins		80	<div><div></div></div>		Nonprescription Vitamins	\$90	\$2.3 M
Medicare Prescription Drug Premium		90	<div><div></div></div>		Medicare Prescription Drug Premium	\$122	\$3.1 M
Eyeglasses and Contact Lenses		82	<div><div></div></div>		Eyeglasses and Contact Lenses	\$90	\$2.3 M
Hearing Aids		84	<div><div></div></div>		Hearing Aids	\$39	\$1.0 M
Medical Equipment for General Use	79		<div><div></div></div>		Medical Equipment for General Use	\$6	\$0.1 M
Other Medical Supplies		82	<div><div></div></div>		Other Medical Supplies	\$70	\$1.8 M
Health Insurance					\$3,954	\$99.5 M	
Blue Cross/Blue Shield		87	<div><div></div></div>		Blue Cross/Blue Shield	\$1,067	\$26.9 M
Commercial Health Insurance		83	<div><div></div></div>		Commercial Health Insurance	\$797	\$20.1 M
Health Maintenance Organization	76		<div><div></div></div>		Health Maintenance Organization	\$630	\$15.8 M
Medicare Payments		88	<div><div></div></div>		Medicare Payments	\$831	\$20.9 M
Long Term Care Insurance		81	<div><div></div></div>		Long Term Care Insurance	\$46	\$1.1 M
Other Health Insurance		83	<div><div></div></div>		Other Health Insurance	\$145	\$3.6 M

Note: United States Index is 100
Health Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.



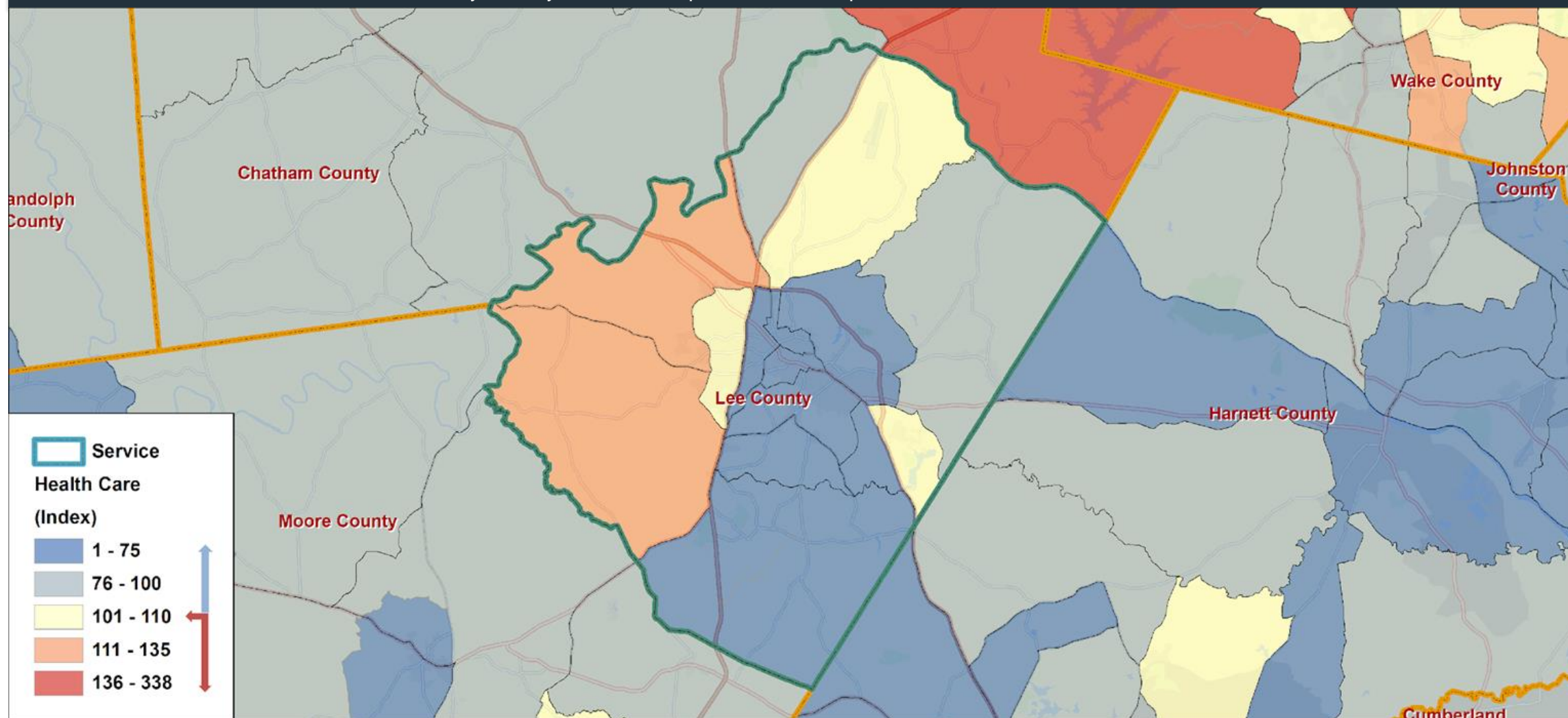
Environment and Health Data

Lee County, NC CHNA

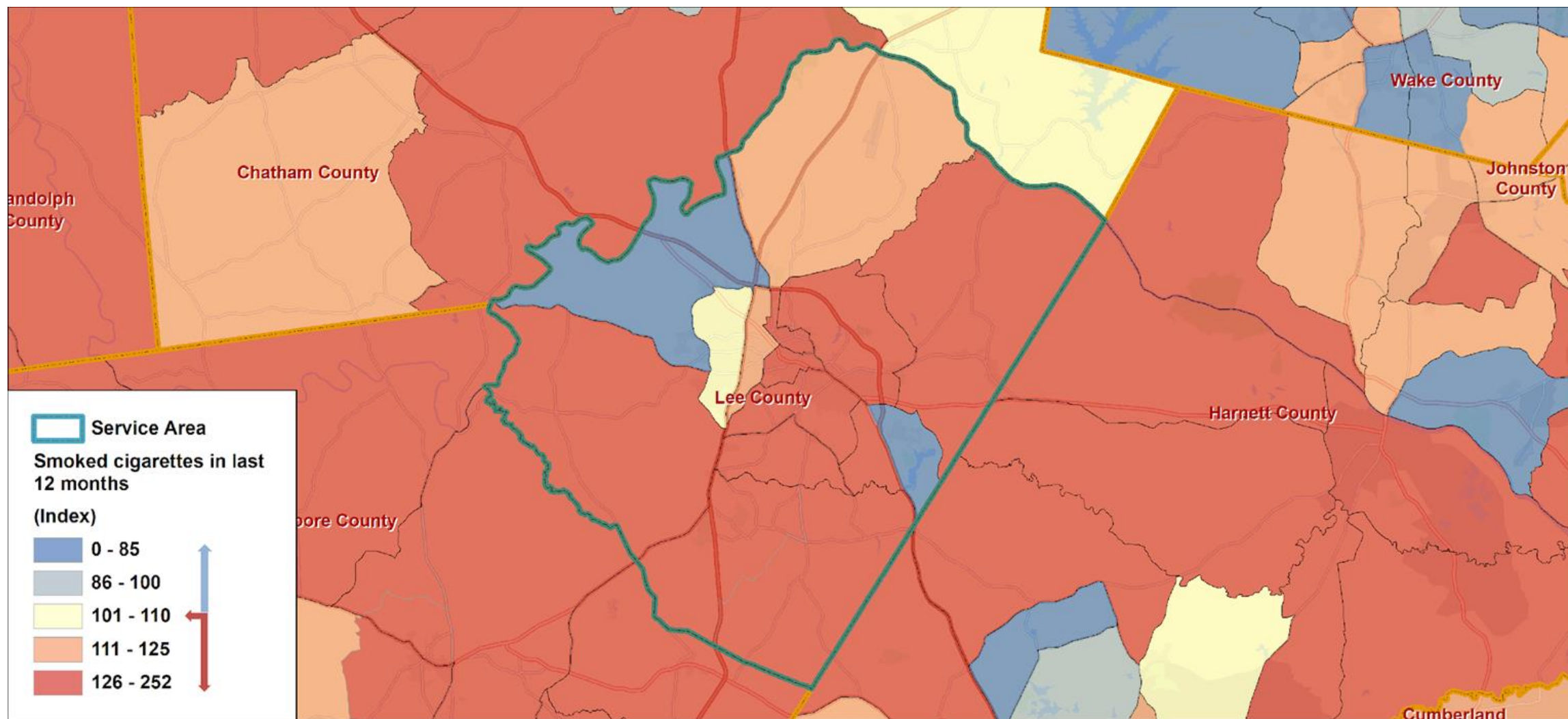
Consumer Spending on Health Care



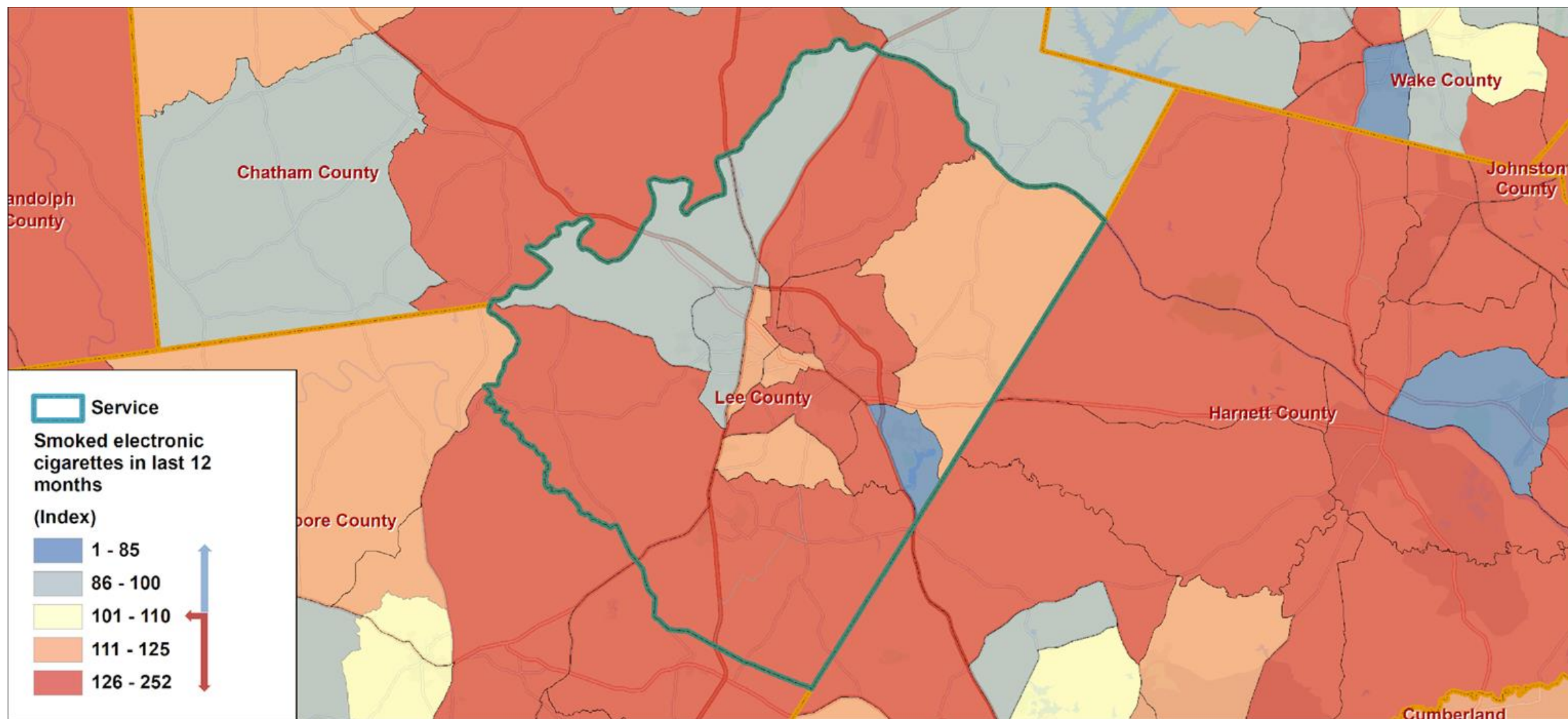
US Index is 100. Orange and red shaded census tracts are areas that spend more out of pocket on health care than the US average. Grey, blue, yellow colors spend less out of pocket on healthcare than the US.



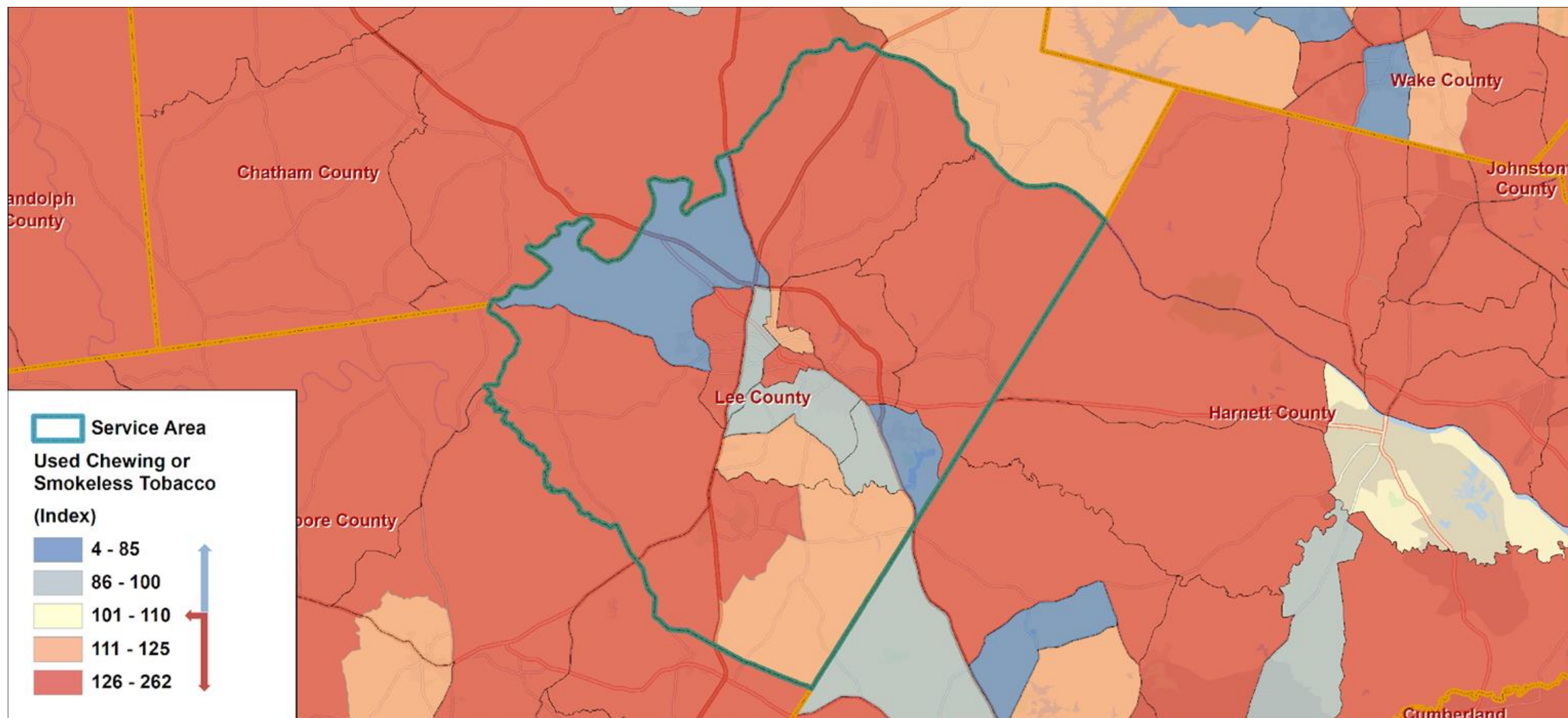
Smoked Cigarettes in the Last 12 Months



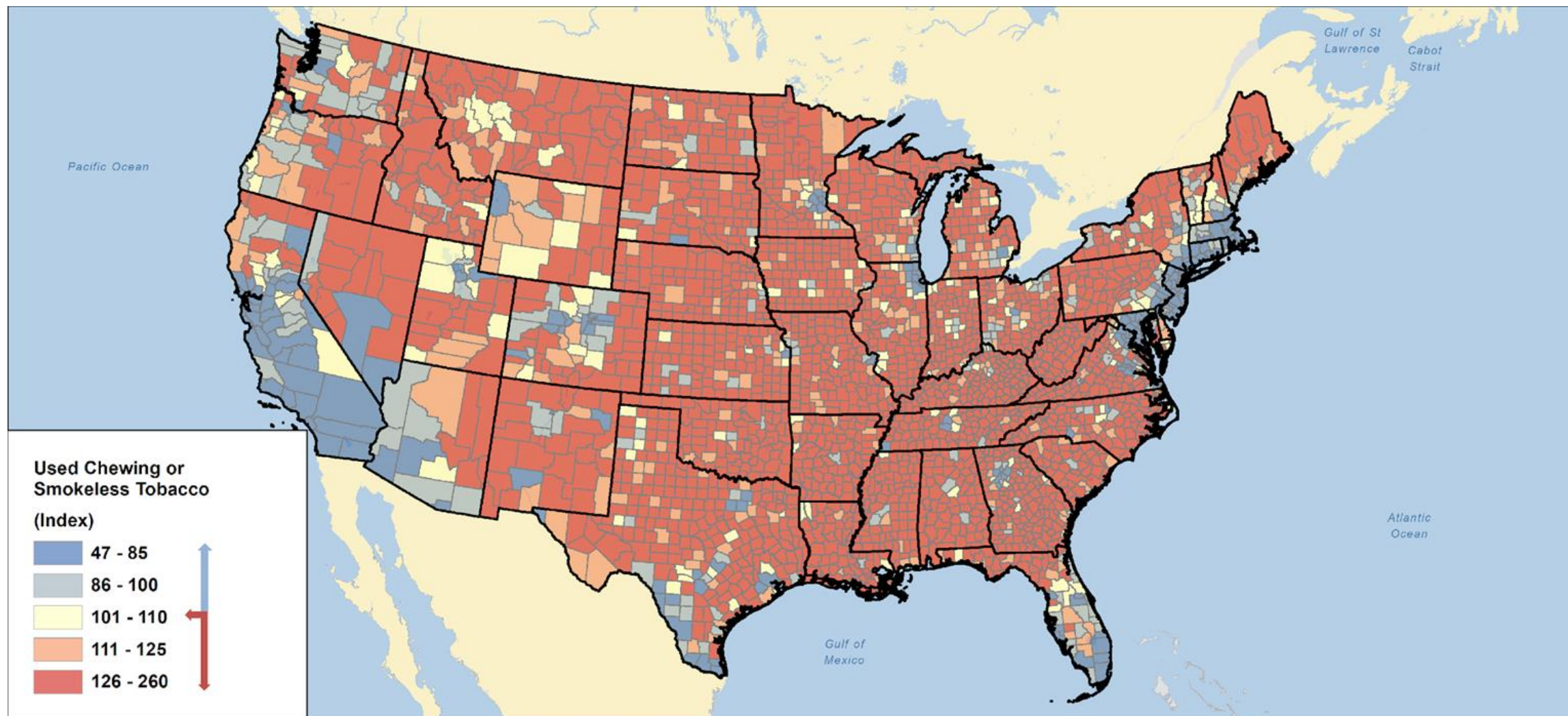
Smoked Electronic Cigarettes in the Last 12 Months



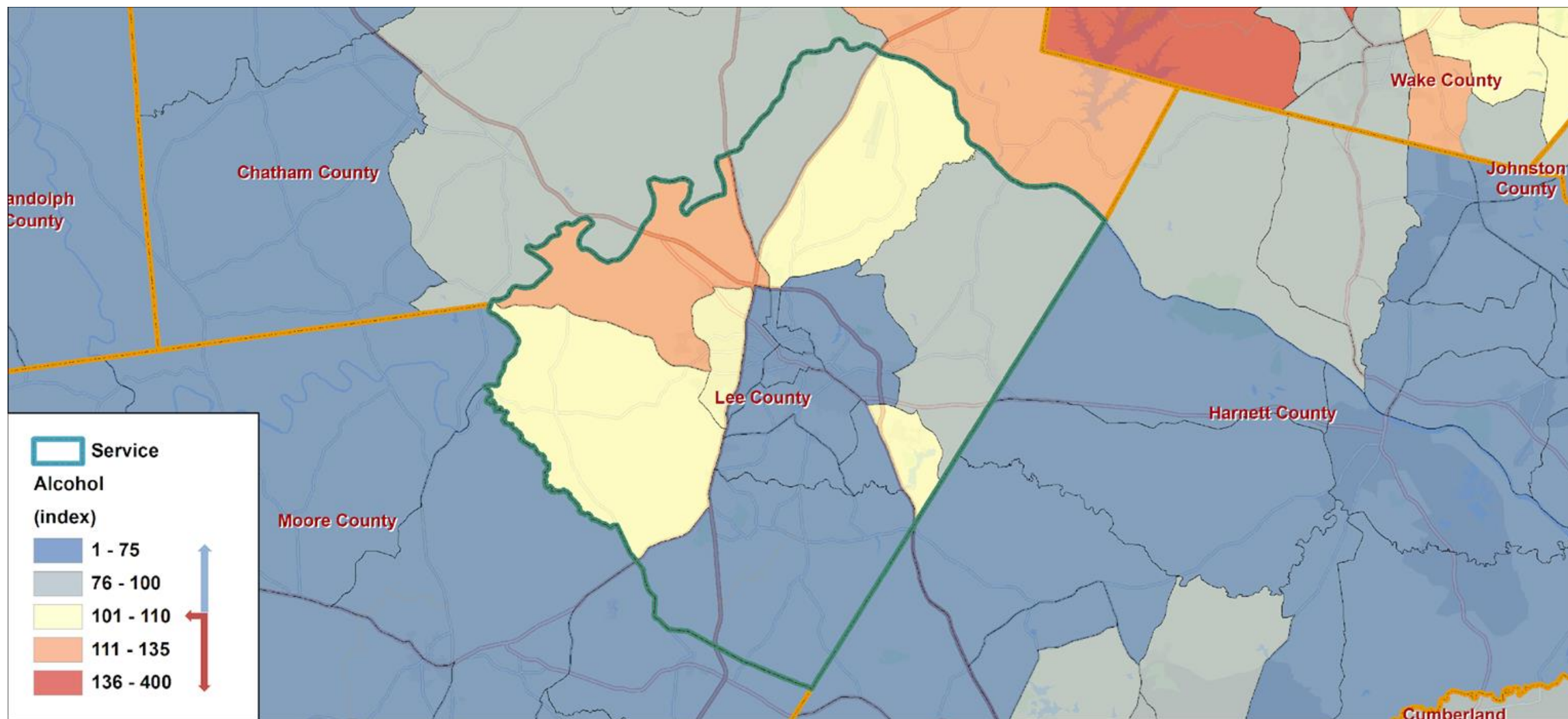
Used Chewing or Smokeless Tobacco in the Last 12 Months



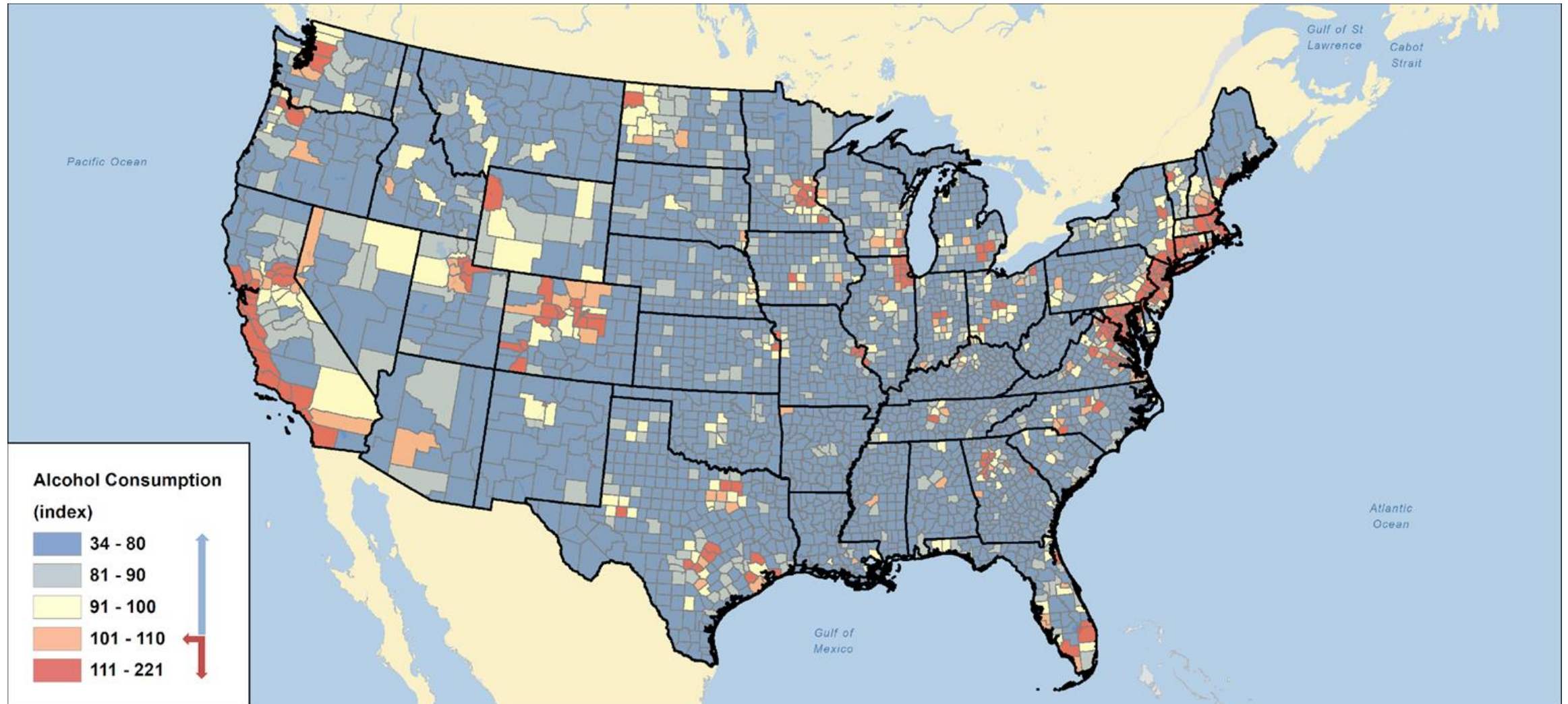
Used Chewing or Smokeless Tobacco in the Last 12 Months



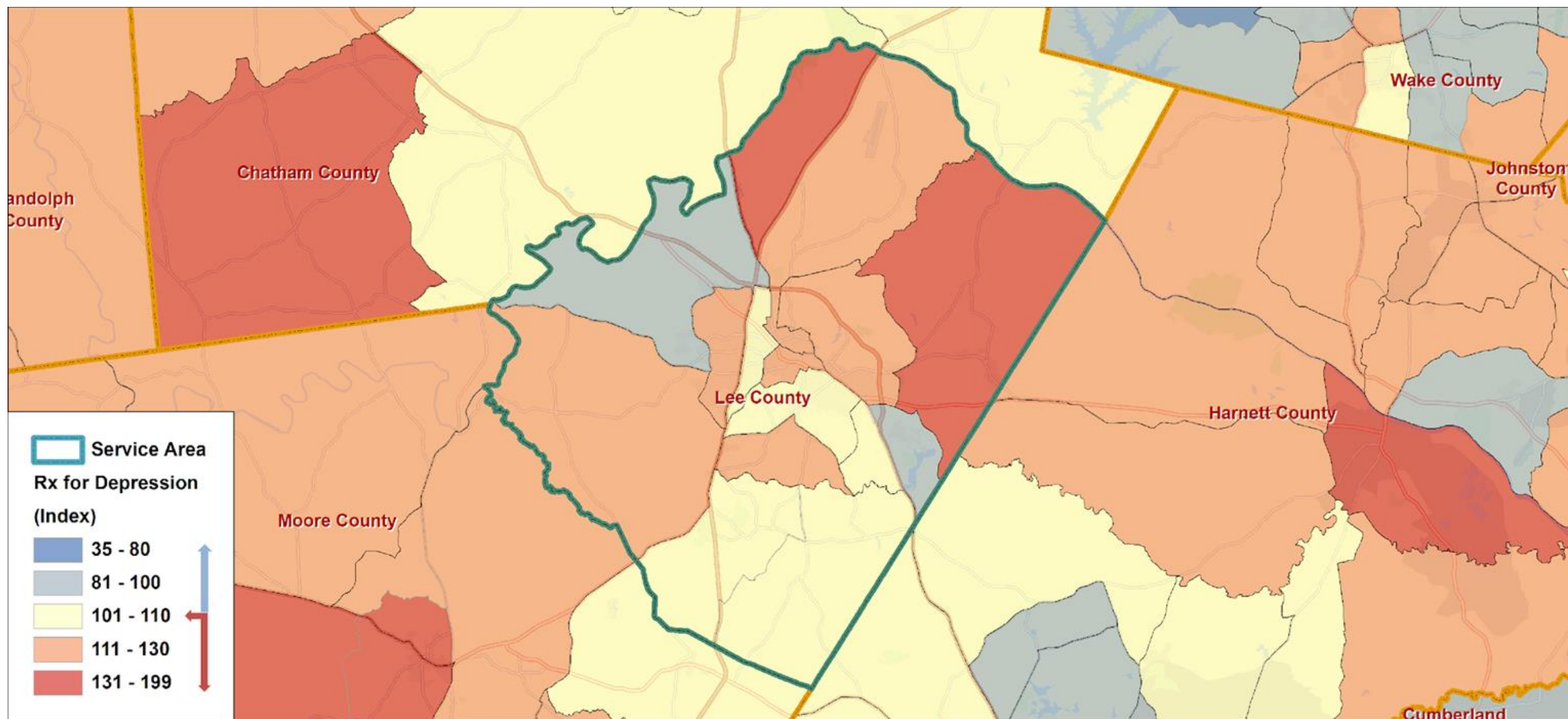
Alcohol Consumption in the Last 12 Months



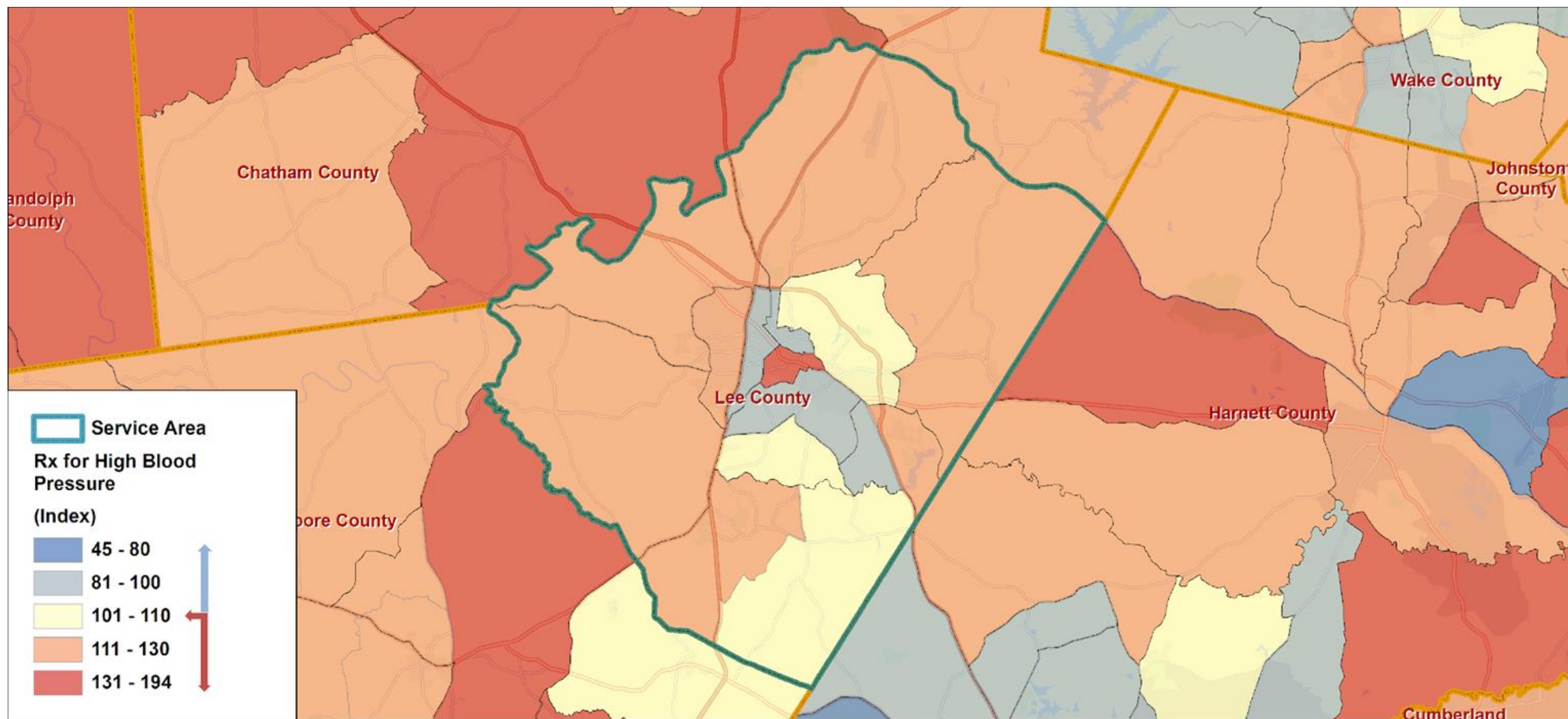
Alcohol Consumption in the Last 12 Months



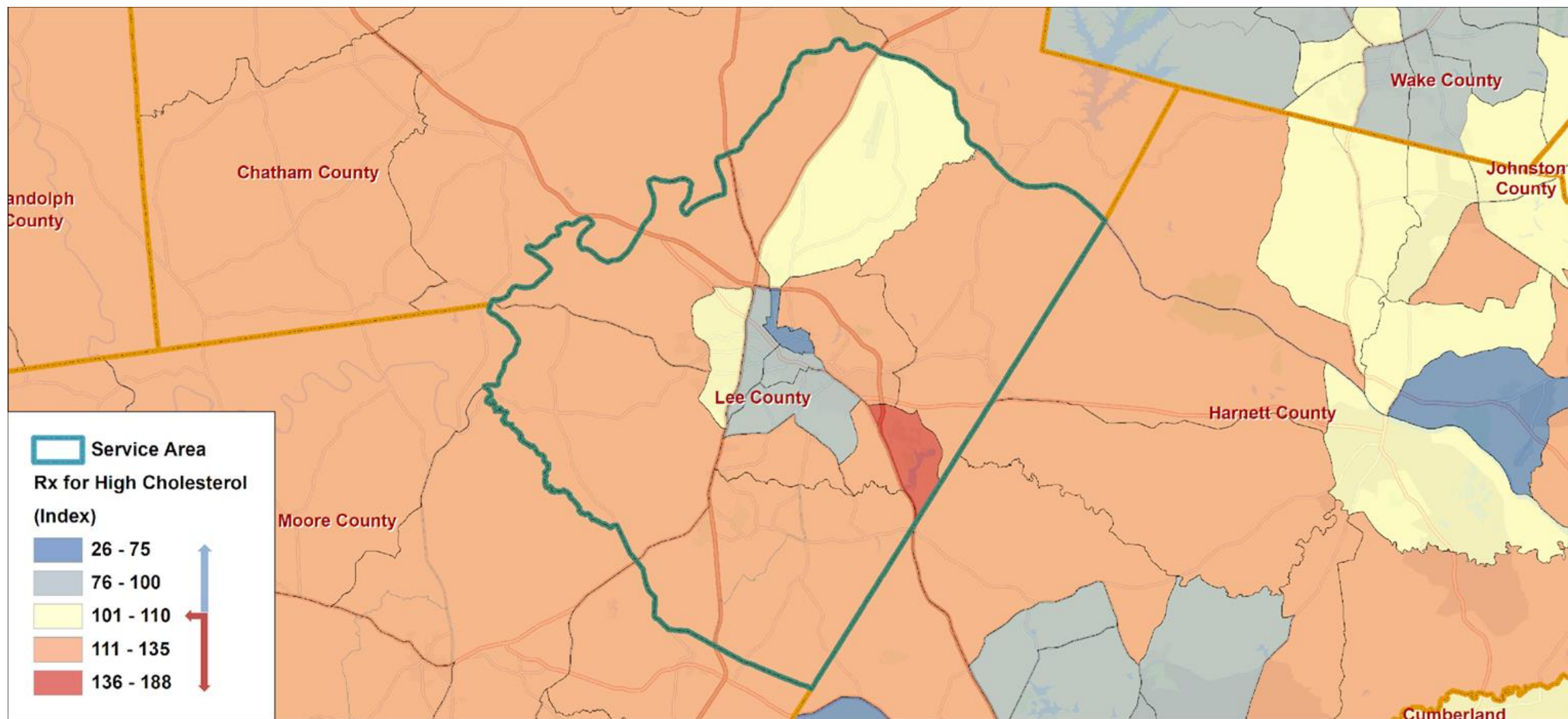
Use Prescription Drug for Depression



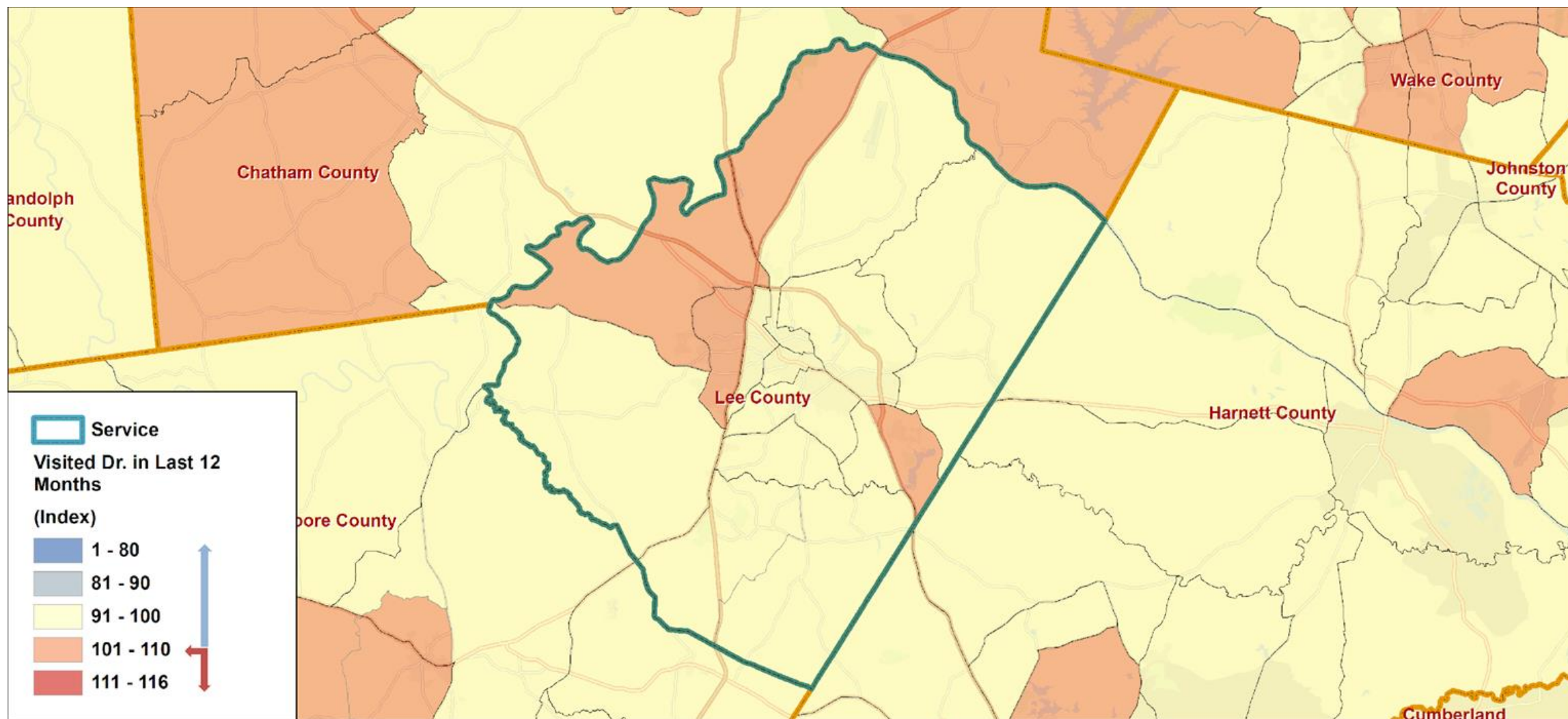
Use Prescription Drug for High Blood Pressure



Use Prescription Drug for High Cholesterol



Visited a Doctor in the Last 12 Months





Community Focus Groups

Lee County, NC CHNA

There were three focus groups conducted in different areas of Lee County to gather resident feedback. Questions were asked to gather insight about public perception on health concerns and methods to improve. The focus group asked questions regarding personal, child, senior, and environmental health.

Focus groups provide another opportunity to gather feedback from community residents regarding community concerns. For example, since the focus group questions were open response, residents were able to provide their answer to the question rather than being limited to a set of choices as found in the Community Health Assessment survey.

Central Carolina Hospital and Lee County Health Department were involved with creating the questions that were used for the three focus groups.

Three focus groups were conducted from May 19, 2022, to August 11, 2022, to reach a greater number of responses. Participants in the focus groups were randomized residents with interest in participating.

Three focus groups were held at:

- Central Carolina Hospital on May 19, 2022
- Dennis Wicker Civic Center on June 23, 2022
- McSwain Building on August 11, 2022

25 community members participated in focus groups to share their opinions on community health status and needs.

They represented community residents in the following field:

1. Mental health
2. Substance use
3. Attorneys
4. Children and families
5. Housing
6. Community advocates

Please identify the two most serious barriers for residents to access health department services?



- Lack of transportation-COLTS is the primary means, cost & hours. Impact to food, work, hospital access.
- Perception of expense-real or otherwise there is a concern that the cost will limit access
- Most commonly cited barriers were transportation and insurance.
- Also mentioned were documentation related to residency status, awareness of services, and an unwelcoming perception and environment.
- Transportation
- Citizens are unaware of services provided, misinformation about services available, and lack of accessible advertising of services



What are the two major health issues in Lee County?

- Diabetes
- Behavioral/Mental Health
- Drug Use Disorder
- STD/Is
- Access to Medicare resources for older adults to assist with registering and obtaining benefits

What are two things that can be done to strengthen the health care system in Lee County?



- Increase resources of services that are already available
- Someone in the community to create relationships and trust to provided services
- Strengthen transportation to rural areas, extension of County of Lee Transportation System (COLTS), and ensuring affordable transportation
- Offer evening hours for clinical services for those who work and can't take time off
- Increase access to health insurance
- Coordination of care for primary care services
- More funding for peer support programs

What are the two most important issues affecting the lives of children/youth in Lee County?



- Homelessness-impact on children
- Nutrition- Food deserts/insecurity, access to food/nutrition during non-school hours and summer break
- Teen pregnancy
- Drug use, alcohol abuse
- Recreation, viable accessibility for recreation meaning accessible to all
- Affordable childcare
- There is nothing for children to do during summer and non-school hours which leads to boredom and illicit activities

What are two things that can be done to improve the quality of life for children/youth?



- Better access to affordable housing
- Address unsheltered youth crisis and recognize that it is widely under-reported
- Transportation
- Increase the quality of life, through outlets for child enrichment and summer activities
- Accessible and affordable childcare
- Workshops for families and parents, and bilingual staff
- Provide parents with parenting education and resources that they need
- Provide more mental health services within school setting and fight back against stigma that kids are "bad", increase counseling/social work staff in schools

What are the two most important issues affecting the lives of senior citizens in Lee County?



- Inflation-Price of goods, prescription costs, services Then leads to isolation which exacerbates mental health issues
- Transportation
- Food deserts
- Lack of in home and respite care
- Lack of access to adequate housing that is structurally sound, lack of access to resources for remediating inadequate living conditions
- Insufficient resources for connecting Seniors to Medicare coverage and services

What are two things that can be done to improve the quality of life for senior citizens in Lee County?



- Transportation
- Awareness of available services, such as access to the enrichment center
- Forming a partnership with the Community College and its CNA program for additional access to in home services and quality care
- Increase resource programs
- Address barriers related to navigating housing insecurity/changes in housing, address affordability crisis for housing

What are the two main threats to safety for county residents?



- Gang issue-neighboring counties, gangs are major threats
- Internet-change in behavior and attitude
- Drug and alcohol abuse
- Gun violence
- Housing insecurity, unsheltered status
- Lack of child enrichment are also of great concern



What are two things that can be done to make Lee County safer?

- De-escalation techniques from law enforcement
- Events for youth, well mannered interactions with uniformed officers, establish partnerships with county departments within the community
- Increasing sense of community and relying less on policing and more on the community to police itself;
- Address entire family unit to address accountability
- Substance use/trauma/mental health among parents, empower all family members to ask for help
- Hire police who truly understand and now how to respond appropriately in situations of crisis; hire peer support staff within law enforcement

What are two major reasons individuals and families need help because of stress and anxiety?



- COVID-19
- The unknown
- Unemployment, job security, finances
- School being out
- Inflation
- Displacement concerns

What are two things that can be done to strengthen supports for households needing help with stress and anxiety?



- Behavioral health in telehealth.
- Outlet for youth aside from B&G club, activities for youth
- Secure jobs
- Collaborate with outside agencies and community partners to provide perception of unity
- Offer virtual options for services to address transportation barrier
- Make people more aware of services available

What are the two most significant environmental health issues in the county?



- Older homes in need of repair,
- Multiple families in single family homes putting strain on individual property infrastructure like water and sewage
- Unsafe drinking water, inadequate/unsafe housing
- Rapid growth and expansion outpacing existing infrastructure

What are two ways the county can improve environmental health?



- Infrastructure for wastewater for new developments
- Address housing insecurity and water/waste infrastructure.
- Address the perception that the County is not currently doing anything by increasing awareness on efforts and services

What are the two most significant educational needs in Lee County?



- Better staffing for teachers, order and better framing in classrooms to allow teaching
- Staffing for qualified teachers and retaining staff
- Drop out rates for students
- Lack of access to early child education
- Investments in continuing education
- Choices regarding school choice and quality
- Removing politics from school board
- Quality of education, producing high school graduates that truly ready for the workforce, community college offers very limited number of programs, community college has waitlists for most programs

What are two ways the county can improve education?



- Pay teachers a living wage, increase teacher pay
- Remove politics from school board proceedings
- Increasing positive sentiment and awareness for trade school
- Investments in early child education
- Continuing education for staff
- Increase the number of qualified staff and retain existing staff
- Address inadequate staffing for new home development/growth
- Challenge students to excel
- Address home environments that do not believe in education
- Allow students to leave school environment once legally able to at 16 years old



What are the two biggest criminal justice needs in Lee County?

- Prevalence of misuse of guns
- Bail reform or extended detainment before trial
- Employment opportunities for those coming out
- Trauma informed outreach, mental health resources are inadequate, inaccessible, and have long waiting lists
- Substance use disorder and mental health challenges
- Lack of access to reentry programs that are holistic
- Racial disparities for crimes/sentencing, disconnect for equity at local/state/federal levels,
- Families and caretakers don't have the resources to transport/assist youth with reentry requirements

What are two ways Lee County can improve criminal justice?



- Recidivism
- Inpatient drug rehab
- Provide trauma informed trainings for first responders, provide mental health care via first responders
- Remove barriers to post incarceration employment.
- Dedicated staff to go inside of jails to meet with those to be released to counsel and plan for post incarceration plans

Please identify two services or programs that are needed in Lee County that are not currently available.



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- Inpatient Drug rehab
- More capacity for sheltering the homeless
- Summer programs, an example given was the National Youth Sports Program or NYSP.
- Teen court and court-mandate compliant parenting programs for families.
- A day reporting system for reentry that provides an array of programs for incarceration-to-community reentry

What do you consider to be Lee County's two greatest strengths?



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- Lower cost of living in comparison to other cities/counties
- Strong & diverse faith community
- Community College
- Nonprofit community excels
- Manufacturing, jobs, retail, opportunities for employers to receive large tax breaks, more opportunities for revenue with increased growth

What are the two greatest challenges facing the county?



- Focus on regular everyday people not being left behind during expansion.
- Ensuring that young people are ready for coming industries in the area and not surpassed by the neighboring counties
- Growth
- Transportation
- Drug use
- Food insecurity up to 19%
- Rapid growth and the perception that Lee County can't keep up to accommodate demand
- No opportunity for low to middle income residents to own a home or acquire affordable housing

Do you feel that the Lee County Health Department provides the healthcare services needed in Lee County? If not, how do you feel the health department could improve? If so, how should the health department improve?



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- Lack of offered services after or during regular hours due to staffing or other issues. Extended availability of existing hours.
- Further change in perception of what HD does.
- Continue to review needs of the community and then locate staffing & funding to care for the identified need.
- Perception is no. Issue with care not being given to certain age groups without parental consent. The LCHD seems to be doing the best job they can with very limited resources, idea that LCHD is working with nothing to make something happen

Health Priorities Identified through Focus Groups



Lee County Health Department staff reviewed the focus group responses survey data to identify leading health priorities.

The identified issues closely resemble issues identified in the 2018 Community Health Assessment which were tobacco use, obesity, and teen pregnancy/STDs.

Major health issues in Lee County discovered through the focus group responses include diabetes, behavioral/mental health, drug use disorder, STD/Is, and access to Medicare resources for older adults.



Community Survey

Lee County, NC CHNA

- LeeCAN, Central Carolina Hospital, and the Lee County Health Department conducted an online and paper version community survey in Lee County. Stratasean combined and analyzed the results.
- 663 total surveys were completed from March 16, 2022, through August 16, 2022, including 399 paper surveys, 218 online English surveys, and 46 online Spanish surveys were completed.

Survey Methodology



The Community Health Survey was created by Lee County Health Department and Central Carolina Hospital. LeeCAN, Central Carolina Hospital, and the Lee County Health Department all distributed the community survey in efforts to gather as many community responses as possible. LeeCAN was a significant partner in distribution of paper copies of the community health survey. They provided 200 paper copies to the community.

There were various community locations where a paper copy of the survey was available to the public: Lee County Libraries, Health Department, Central Carolina Hospital, Enrichment Center, Dorman Products Inc, Sanford Treatment Center, Lee County Human Resources building.

Furthermore, the community survey was copied onto the online platform, Survey Monkey, as another effort to gather more responses.

Responses were reviewed by the health department and Stratasan to identify the leading health concerns of the county.

Community Survey Demographics Analysis



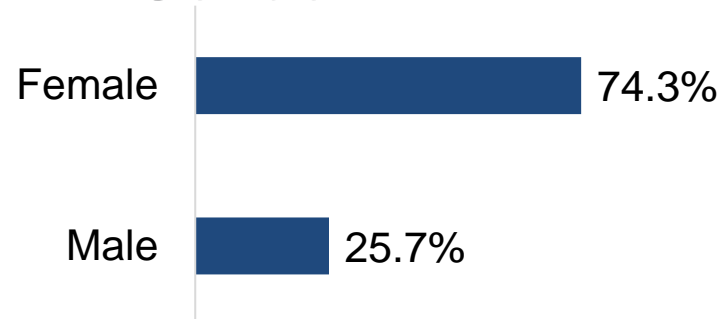
The Community Survey responses gather only a portion of Lee County's population. The greatest observation between the demographics of Lee County and the 2022 Community Health Assessment survey demographics is the significant difference in quantity of survey responses.

Though the 2022 Community Health Assessment survey responses are almost tripled the number of responses from the 2018 Community Health Assessment survey, 663 respondents from the 2022 Community Health Assessment survey is only one percent of the Lee County residents. Meaning there is much need to improve the method of survey distribution to ensure accurate representation amongst age and race/ethnicity.

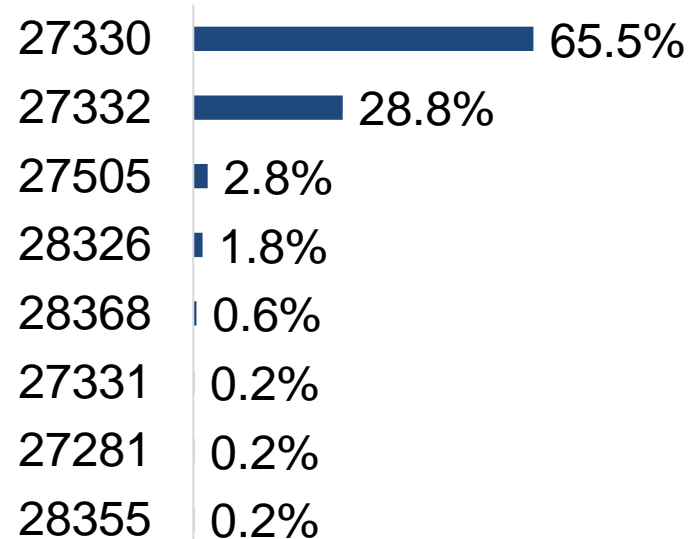


Community Survey Demographics – Age, Gender, ZIP Code

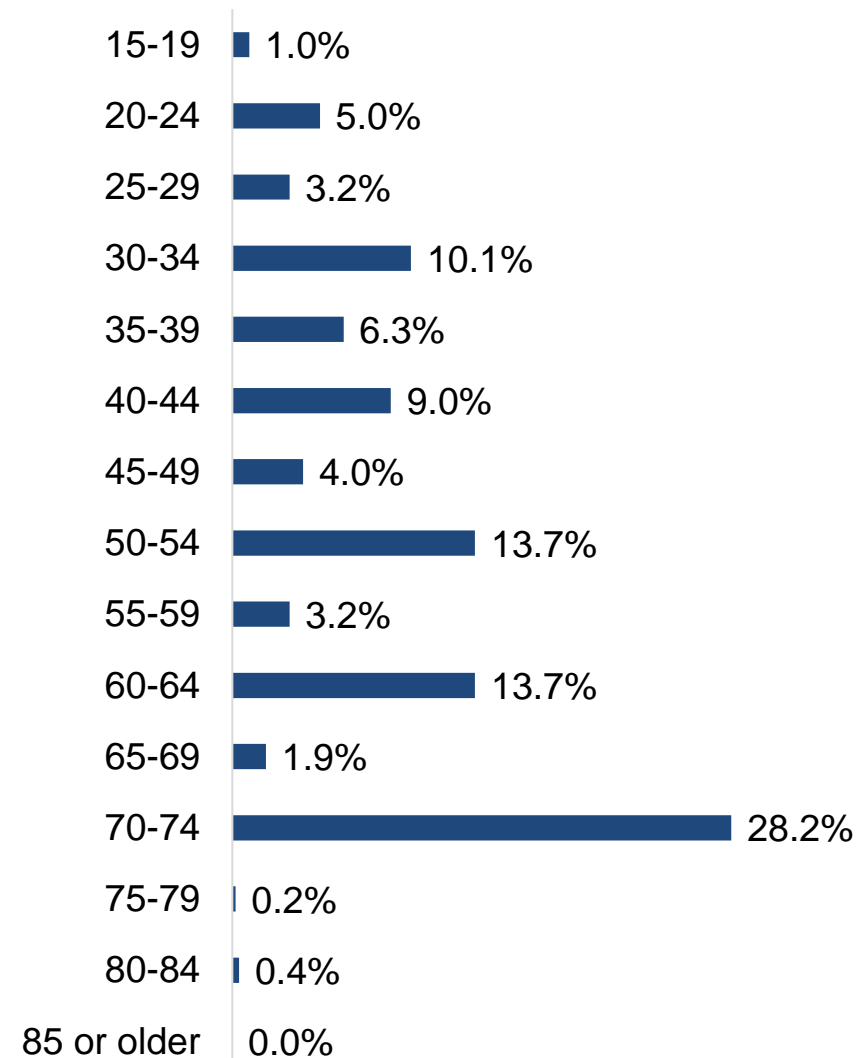
Gender



ZIP Code



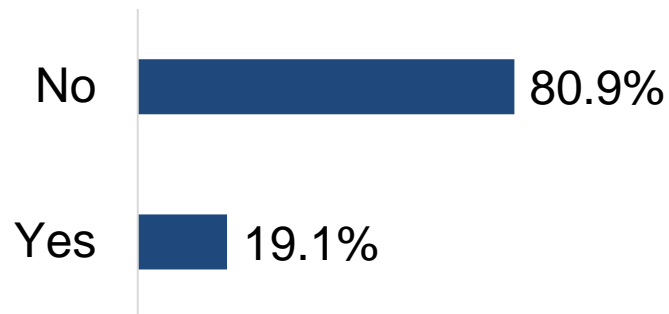
Age



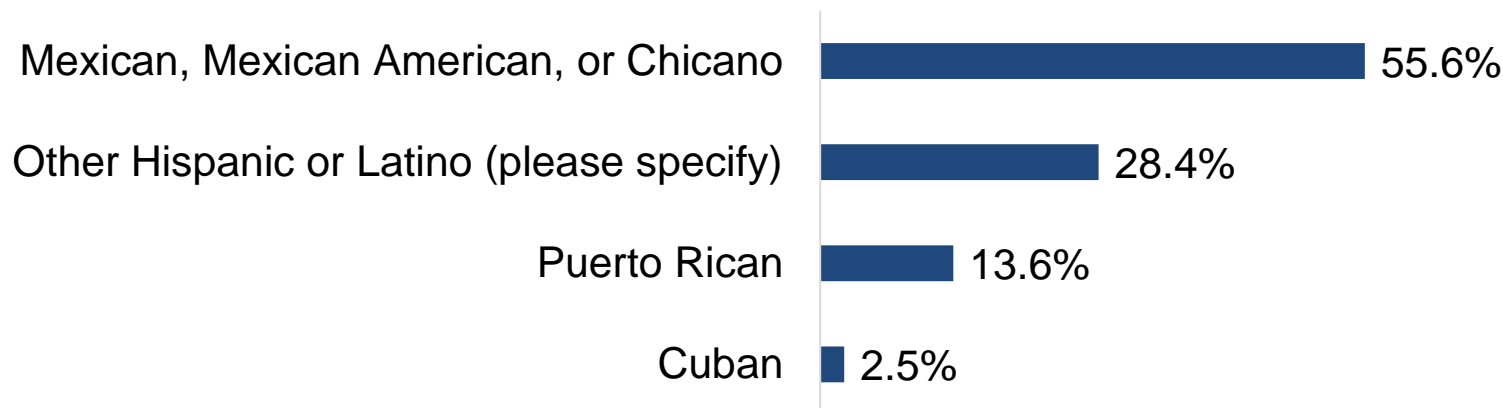


Community Survey Demographics – Race/Ethnicity

Are you of Hispanic, Latino, or Spanish origin?



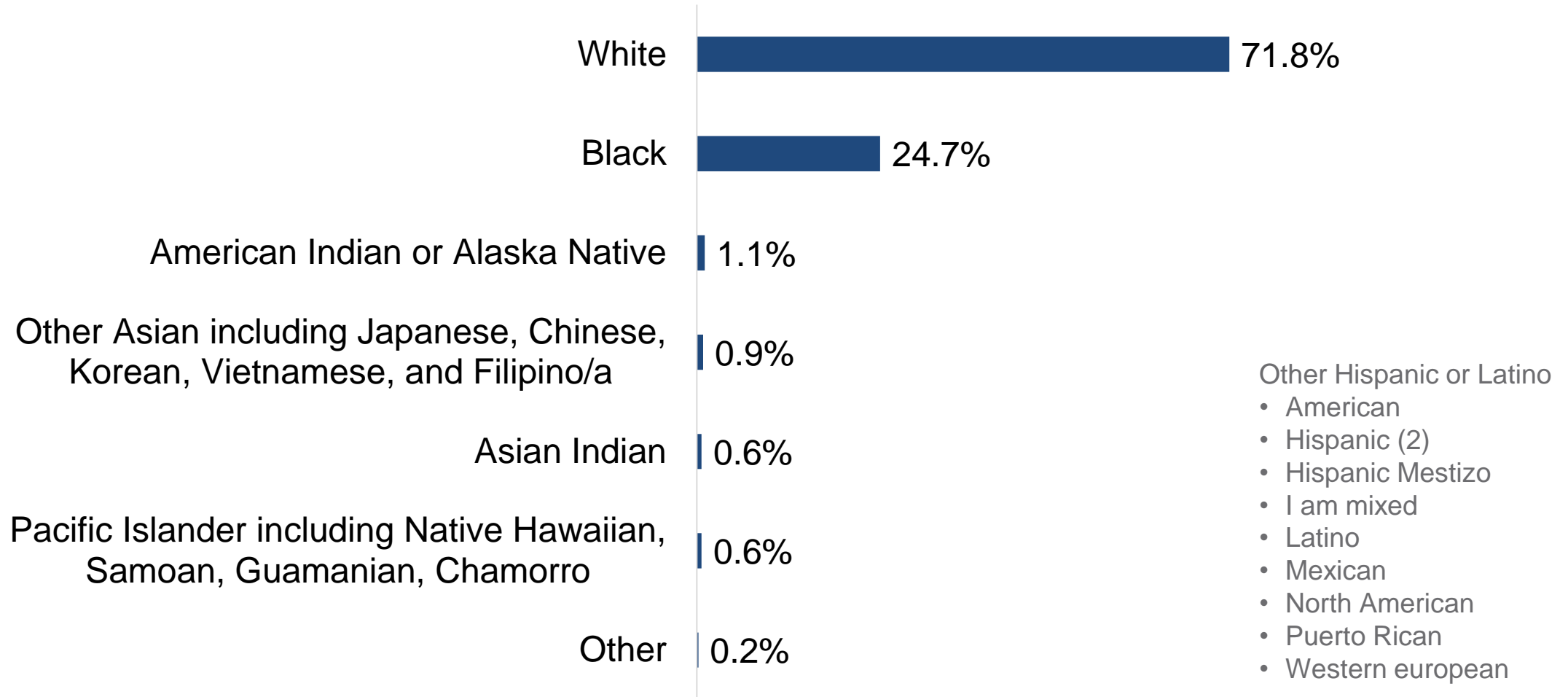
If yes, are you:



Other Hispanic or Latino

- Salvadoran 6
- Guatemalan 4
- Honduran 4
- Blank 2
- Central American
- Latino
- Venezuela
- Venezuelan-American
- Cuban
- Dominican
- Peru

What is your race?



Comparison of County and Survey Demographics (Race/Ethnicity)

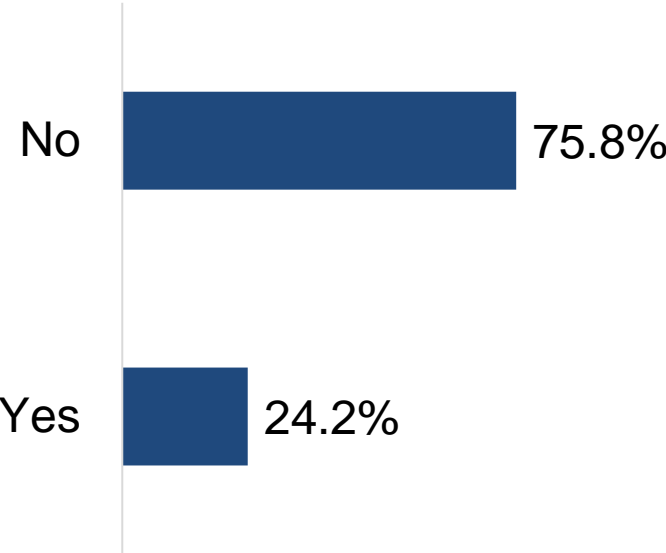


County Demographics	Community Health Survey Demographics
White – 60%	White – 71.8%
Black – 17%	Black – 24.7%
American Indian – 1%	American Indian – 1.1%
Asian/Pacific Islander – 1%	Asian/Pacific Islander – 2.1%
Other – 12%	Other – 0.2%
Two or more races – 9%	N/A
Hispanic origin – 21%	Hispanic, Latino, Spanish origin – 19.1%

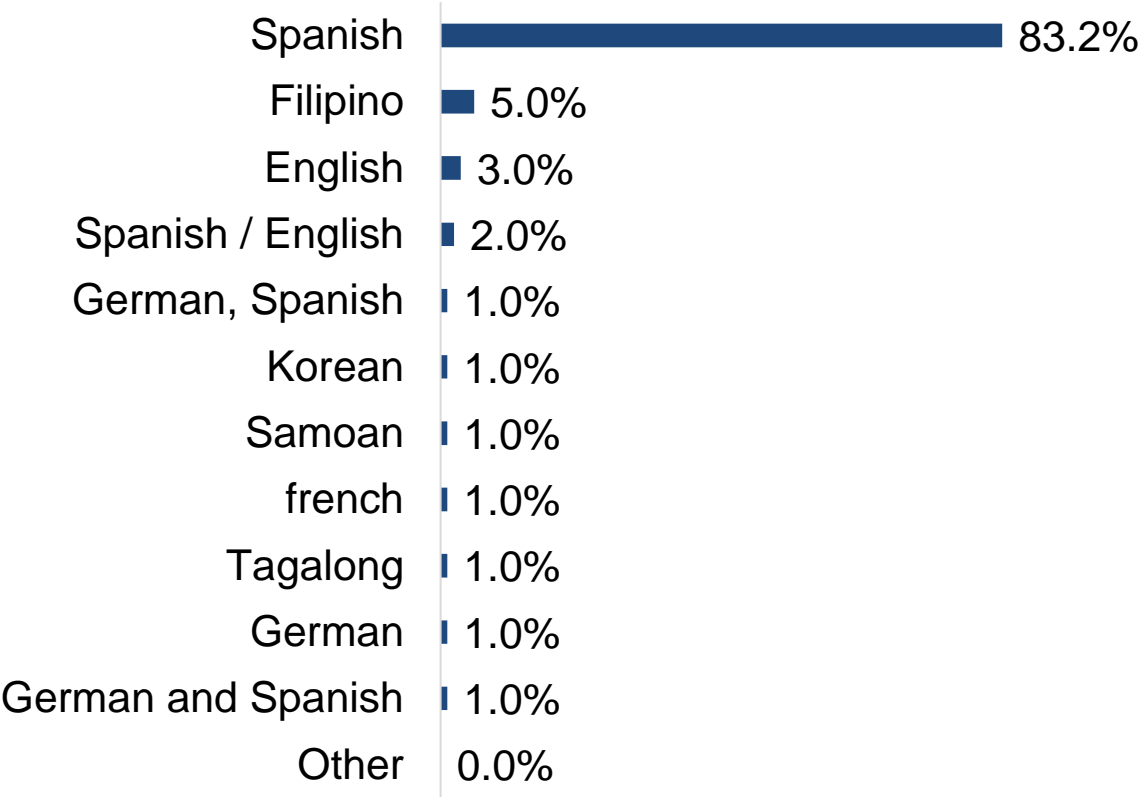
Comparing the county demographics with the survey demographics. Groups were similar in numbers.



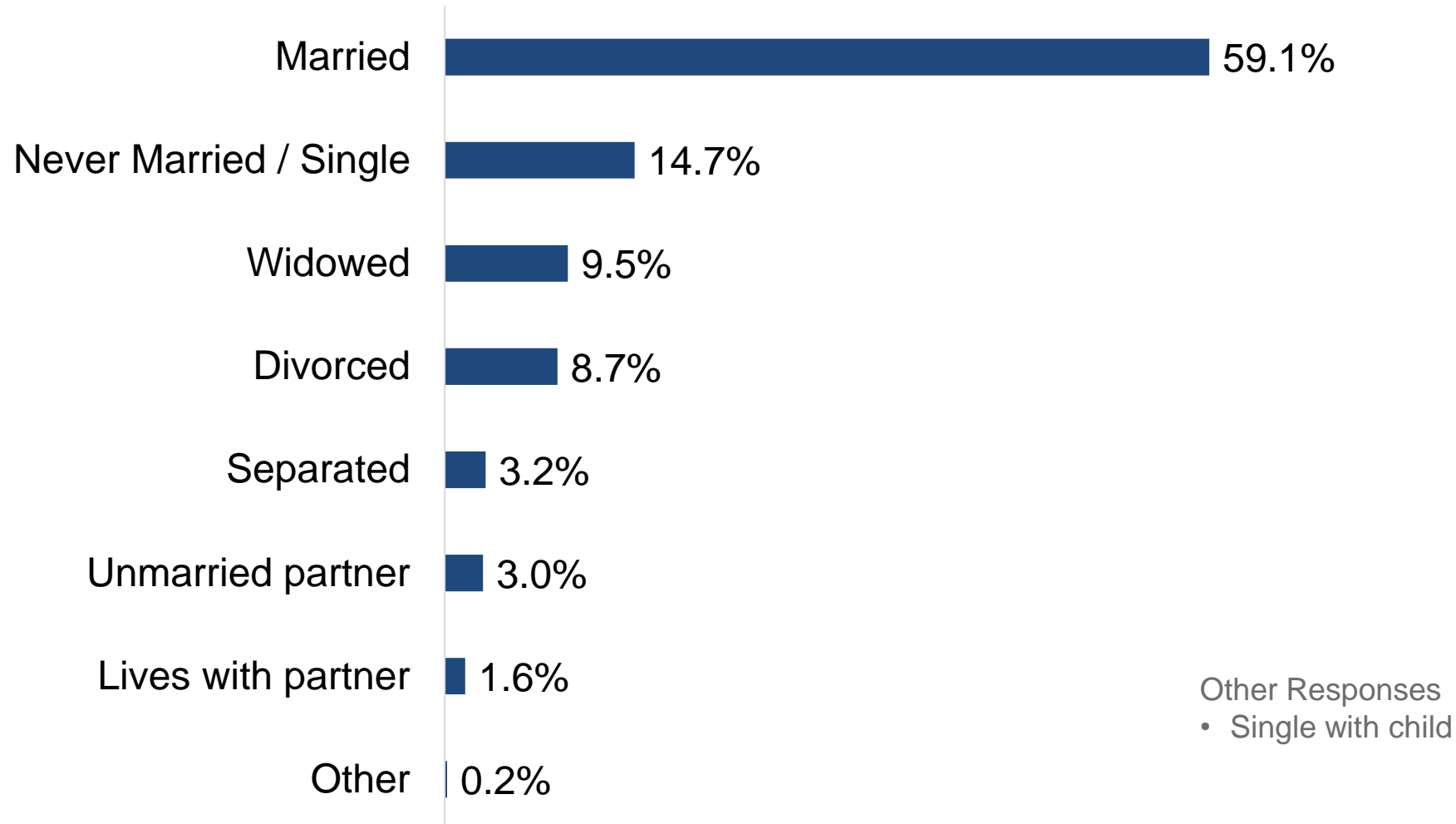
Do you speak a language other than English at home?



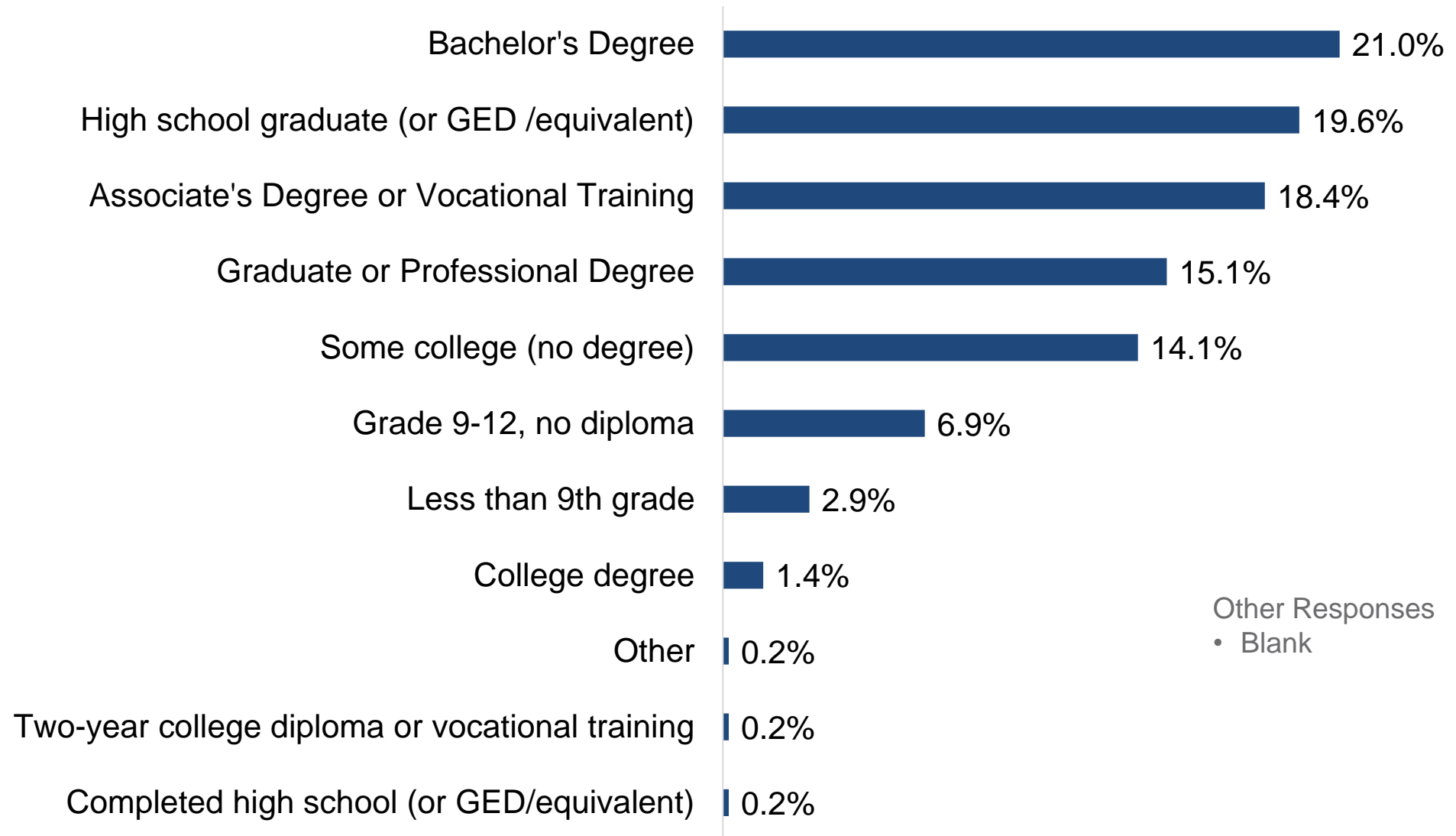
If yes, what language do you speak at home?



Q44. What is your marital status?

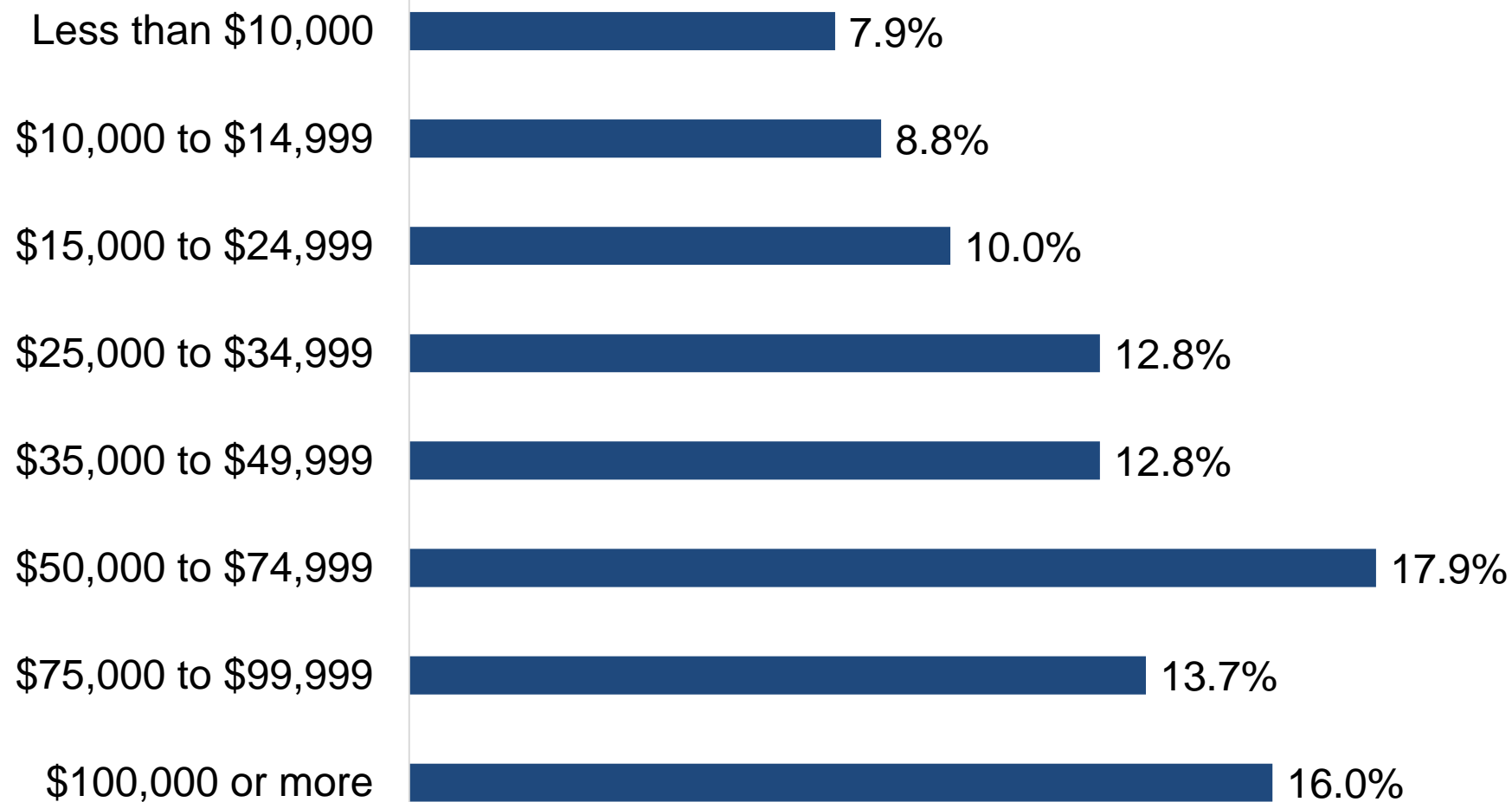


Q45. What is the highest level of school, college or vocational training that you have finished?

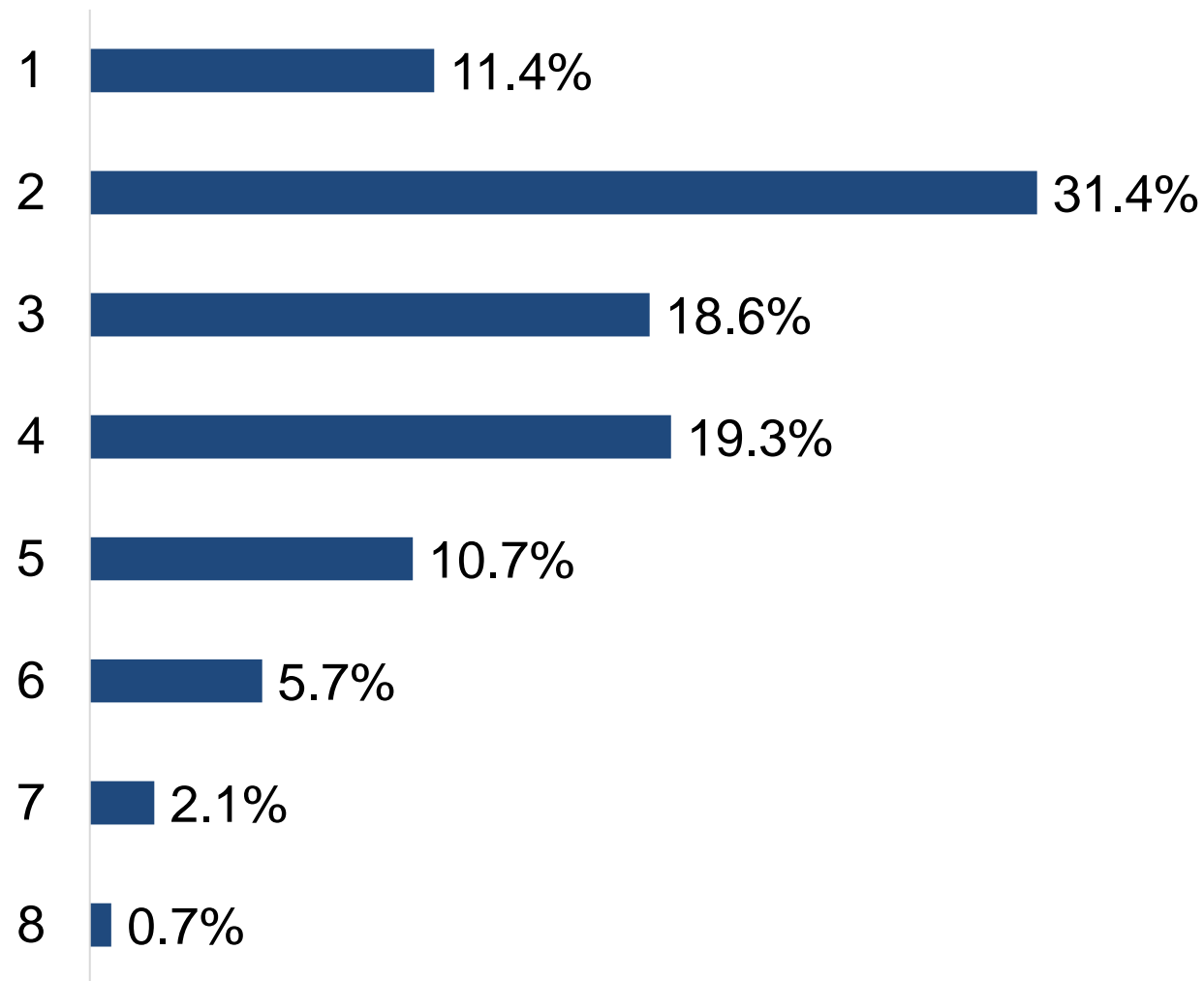




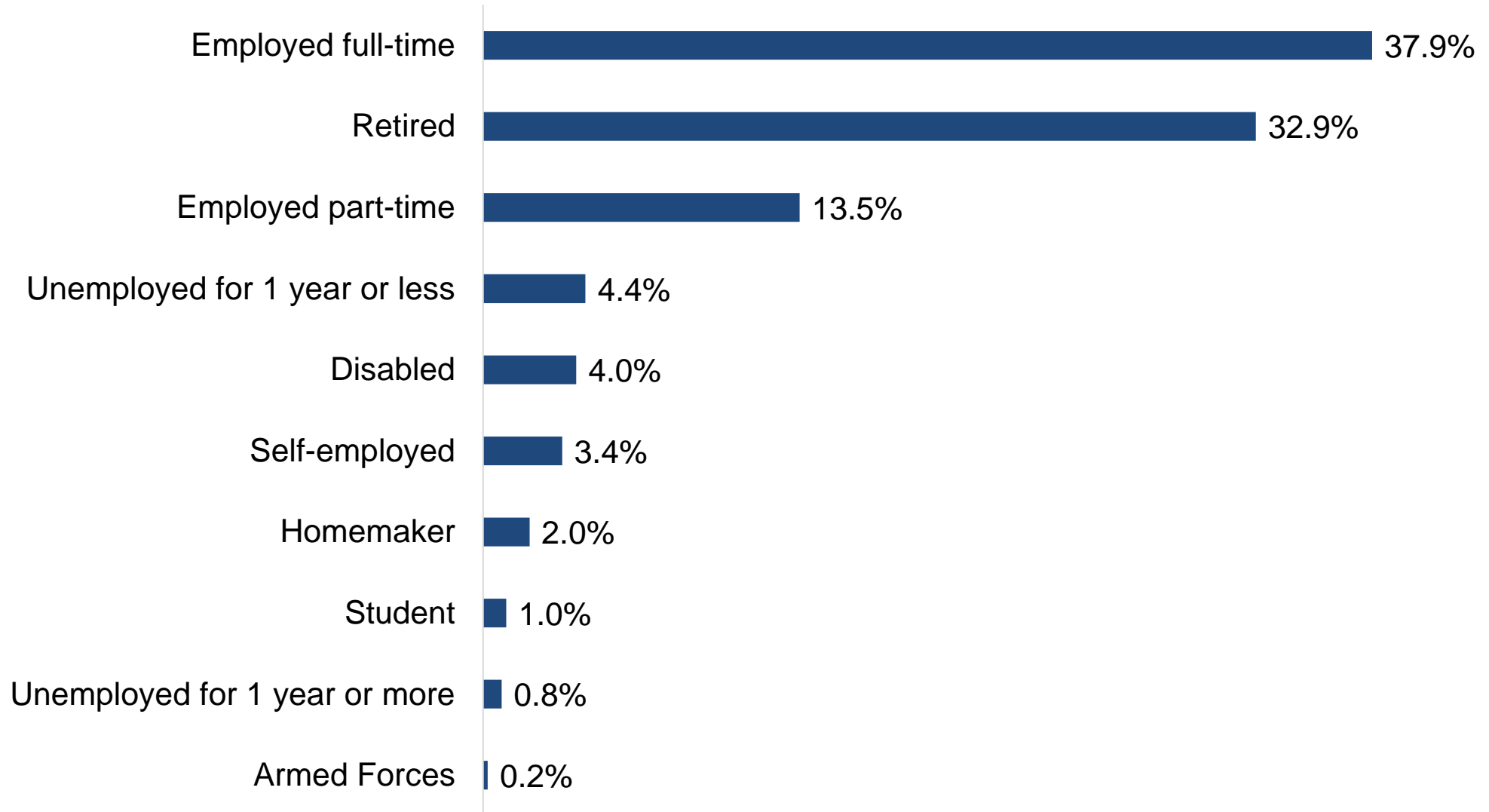
Q46. What was your total household income last year, before taxes?



Q46B. How many people does this income support?(if you are paying child support but your child is not living with you, this still counts as someone living on your income)



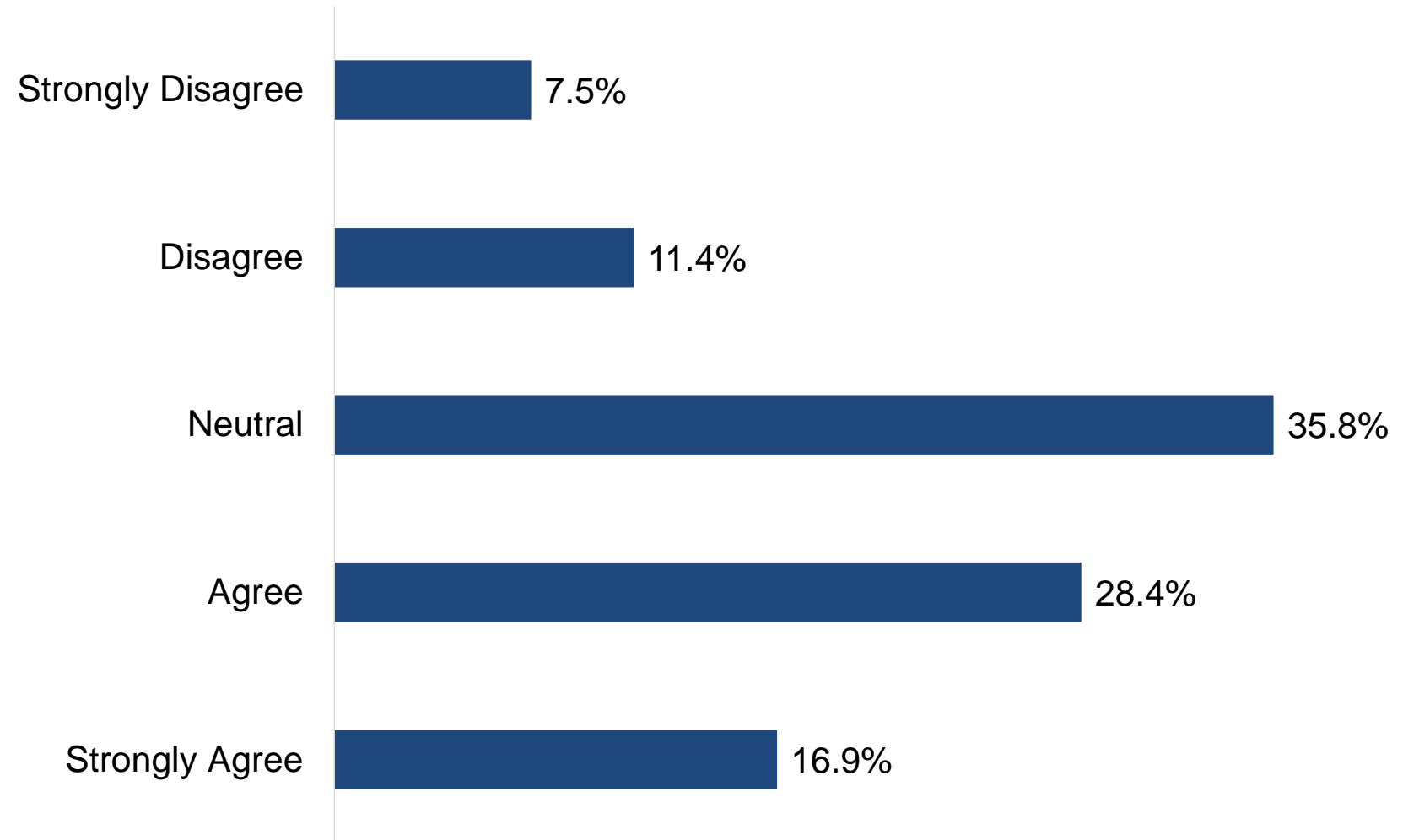
Q47. What is your employment status?



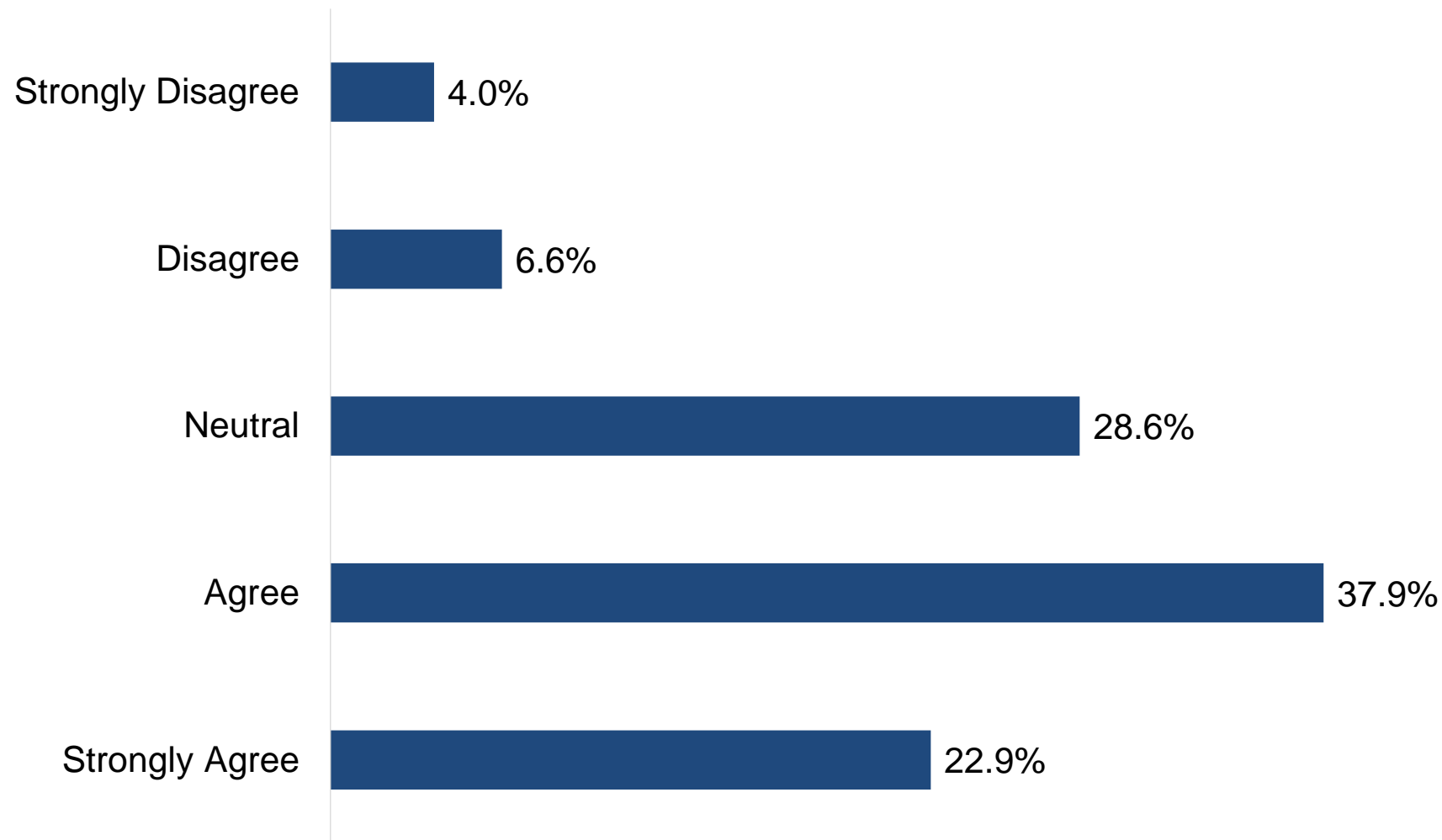
The background of the slide is a solid dark blue. It features a faint, abstract network diagram composed of light blue lines and circles. The circles vary in size and some have concentric rings, suggesting a hierarchical or interconnected structure. The lines connect these circles in a non-linear fashion, creating a web-like pattern that is more dense on the left and right sides and more sparse in the center where the text is located.

Quality of Life

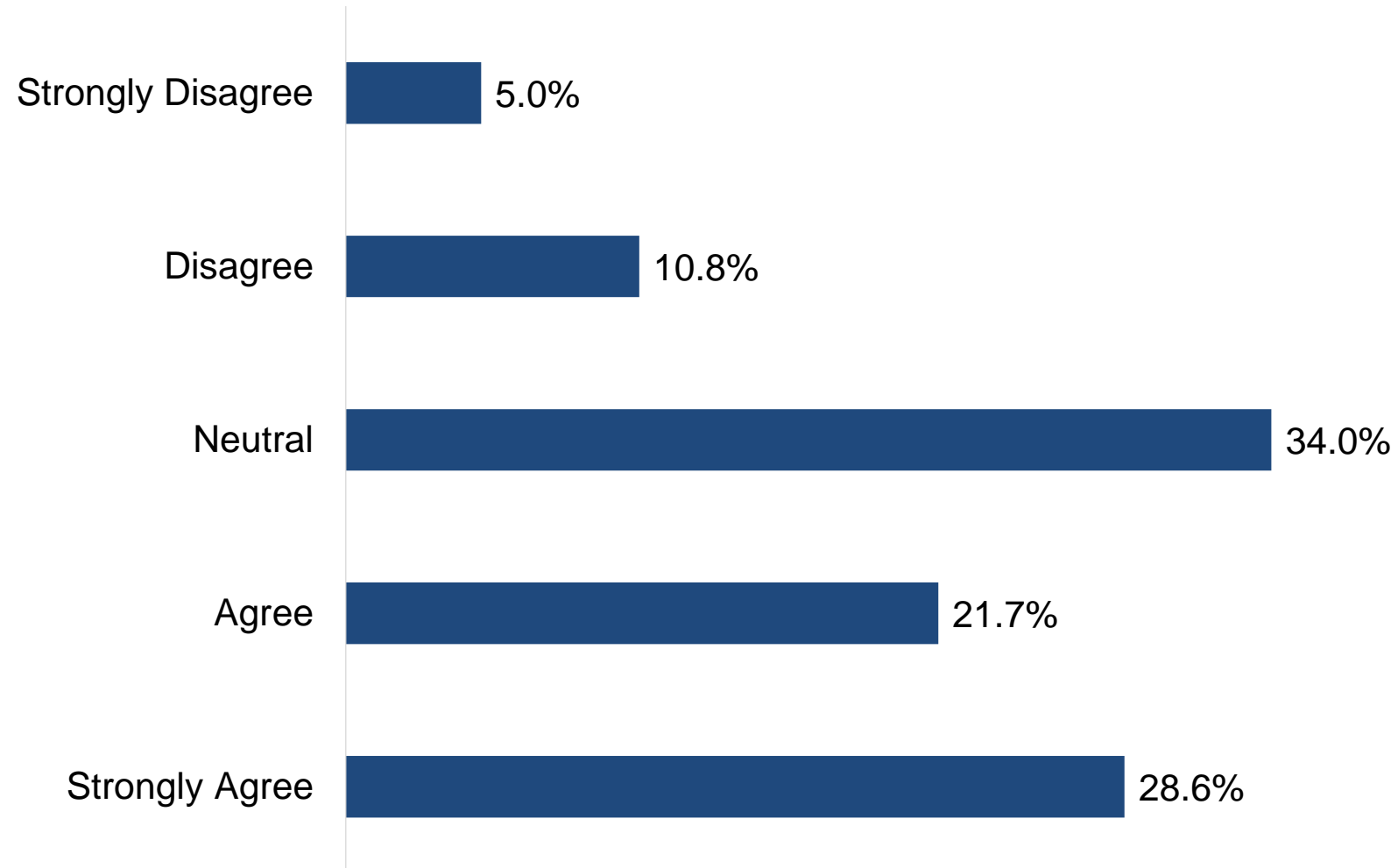
Q1. How do you feel about this statement "There is good healthcare in Lee County"?



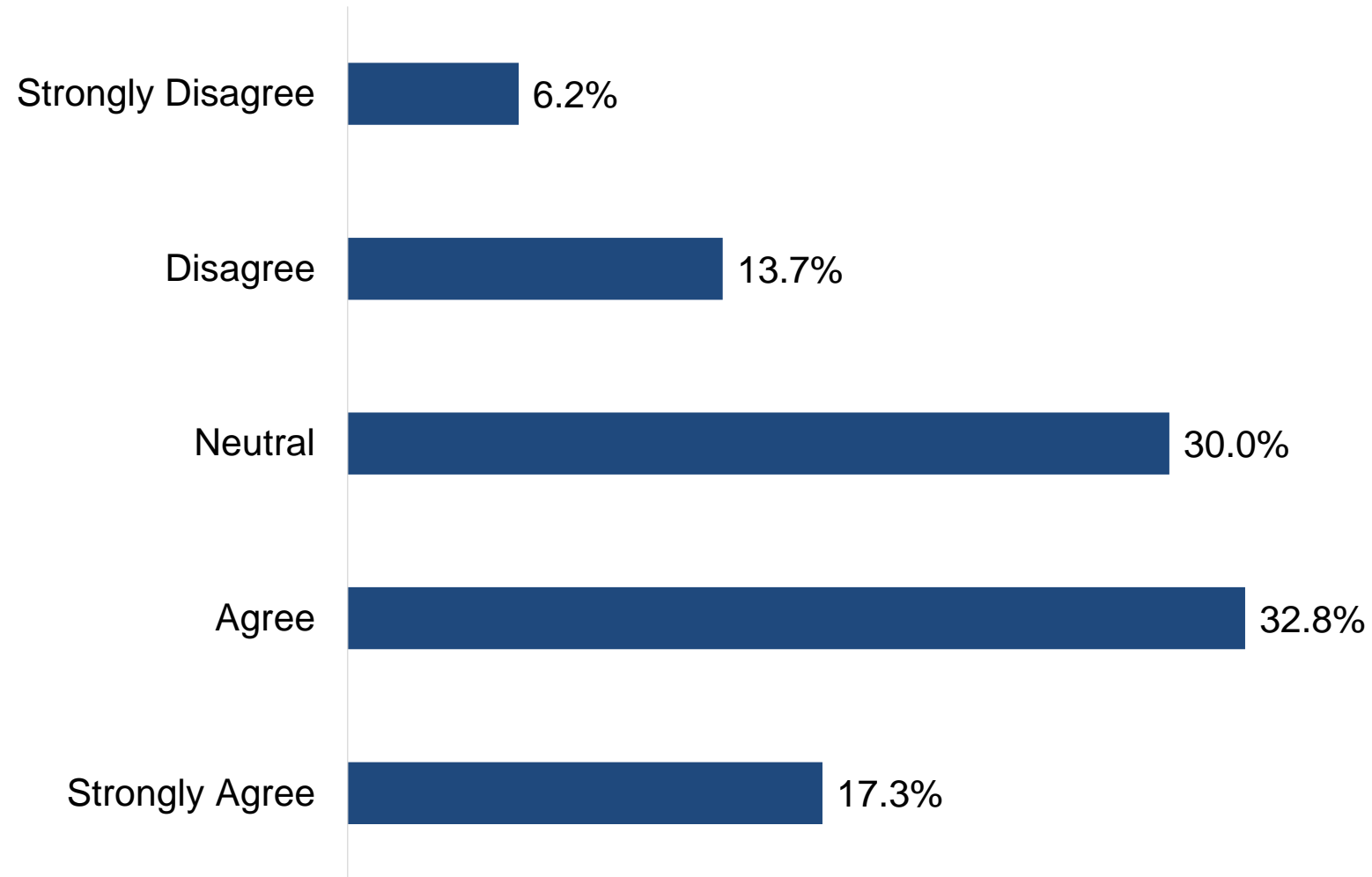
Q2. How do you feel about this statement, "Lee County is a good place to raise children"?



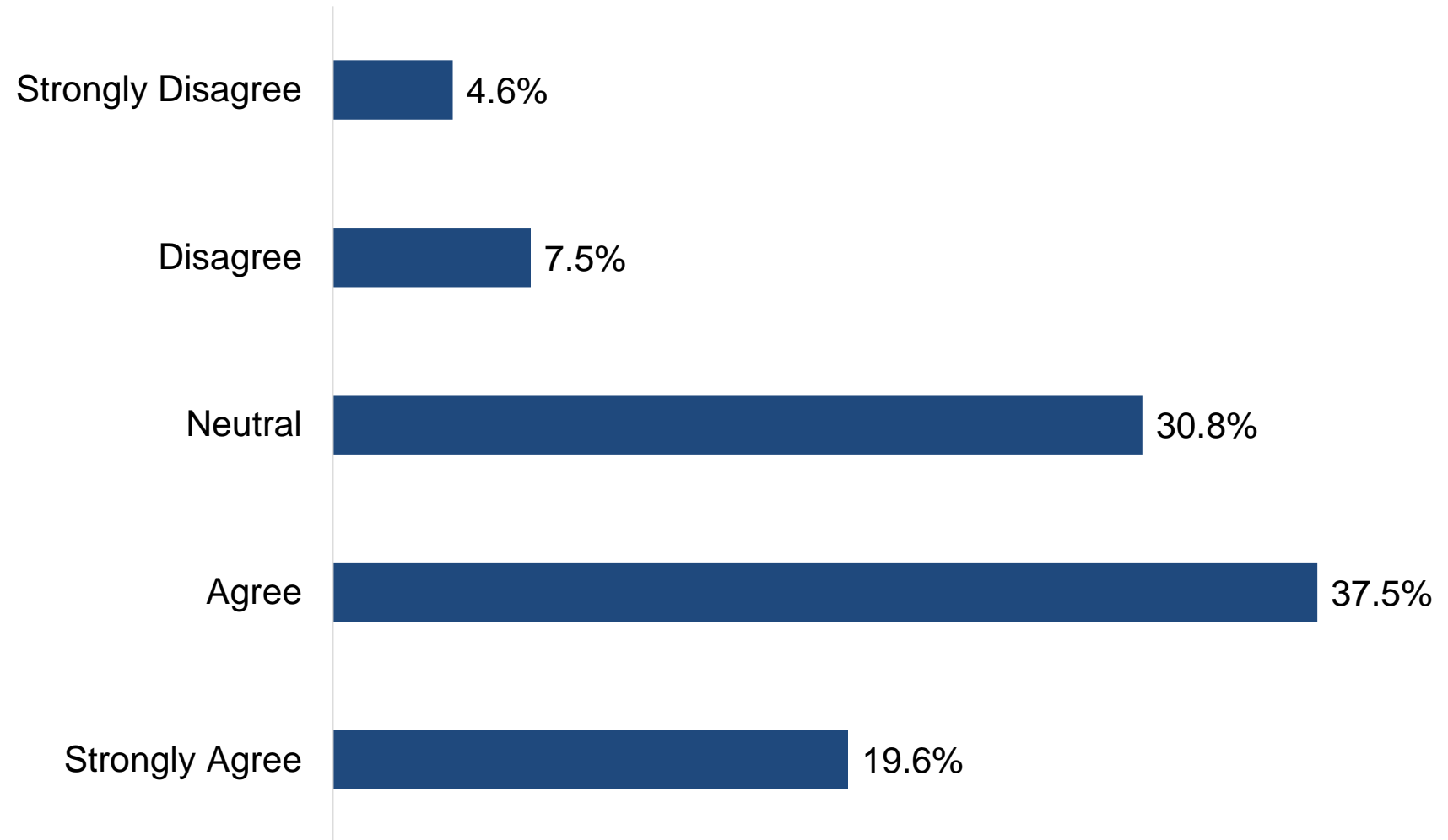
Q3. How do you feel about this statement, “Lee County is a good place to grow old”?



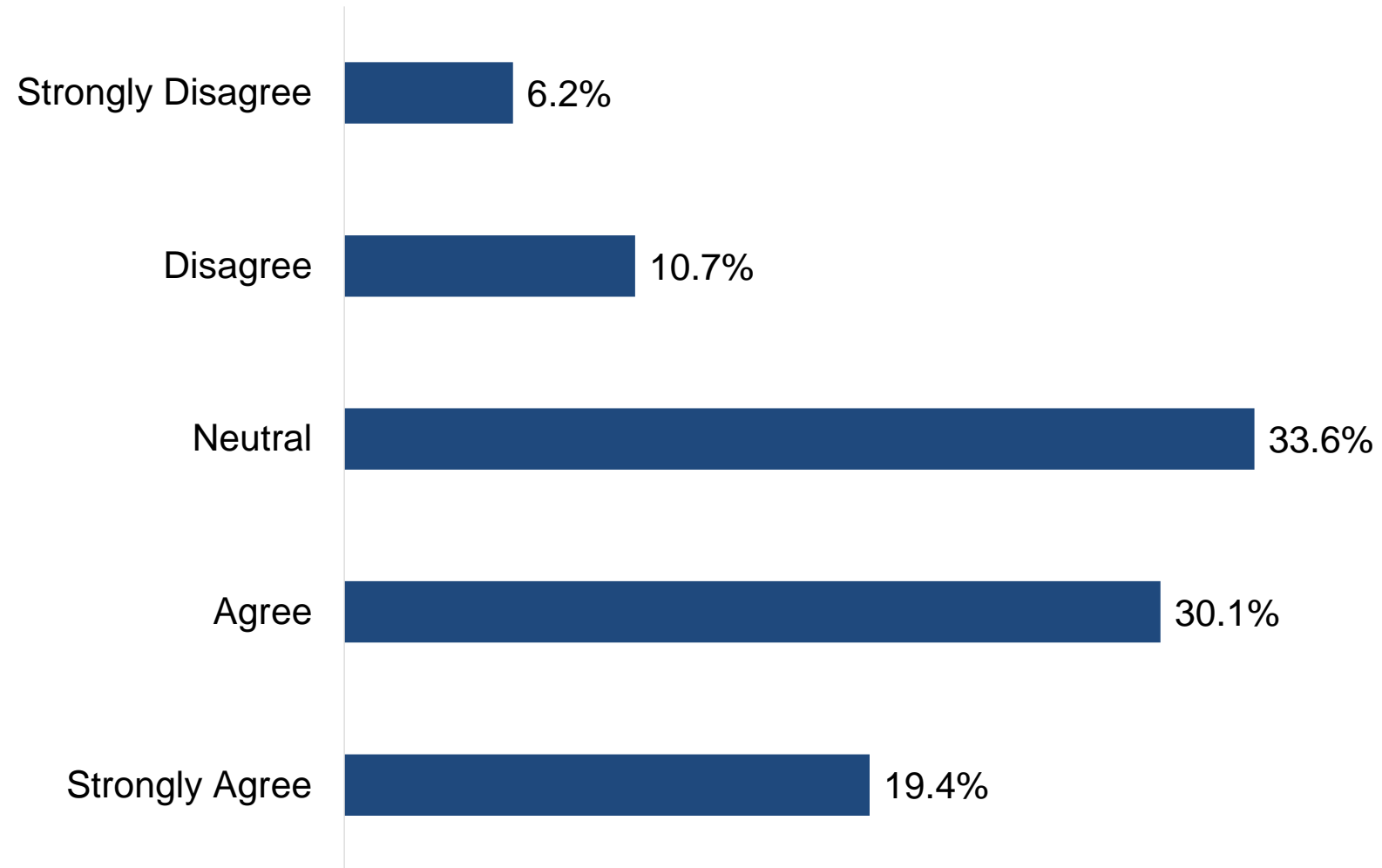
Q4. How do you feel about this statement, “There is plenty of economic opportunity in Lee County”?



Q5. How do you feel about this statement, “Lee County is a safe place to live”?



Q6. How do you feel about this statement, “There is plenty of help for people during times of need in Lee County”?



45.3% of community survey respondents agree there is good healthcare in Lee County.

60.8% of respondents agree Lee County is a good place to raise children. **Up by 7% since 2018.**

50.3% of respondents agree Lee County is a good place to grow old. 50.1% of respondents agree there is plenty of economic opportunity in Lee County. **Up 15.42% since 2018.**

57.1% of respondent agree Lee County is a safe place to live. **Up 10.87% since 2018.**

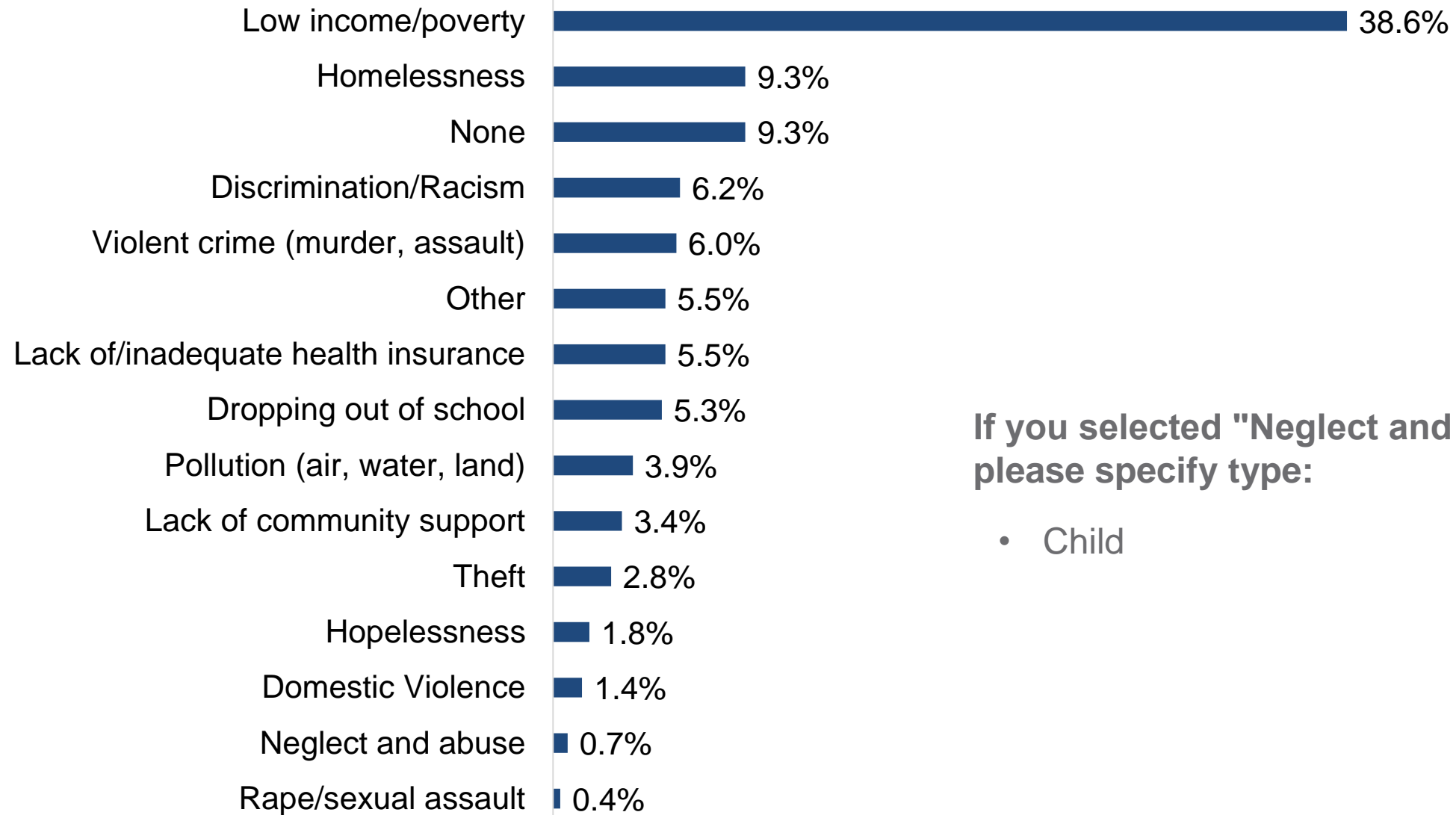
49.5% of respondents agree there is plenty of help for people during times of need in Lee County.

These statements provide insight into public perception of the county and related resources. Results show about 50% of respondents express a favorable perception of Lee County, ~30% were neutral, and ~20% disagreed. Although the statements resemble closely the response from 2018, the responses exhibit an opportunity for improvement.

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Community Improvement

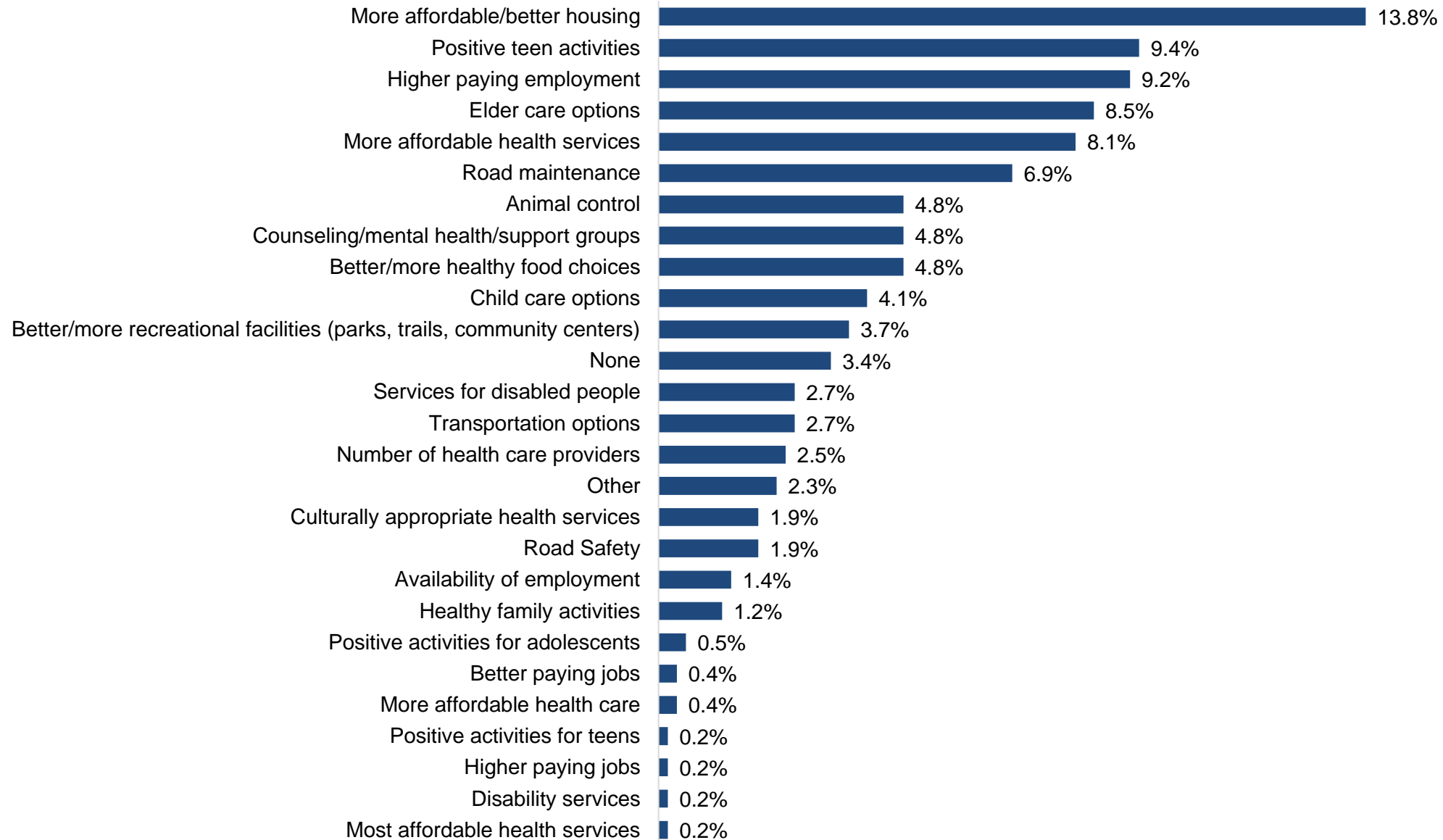
Q7. In your opinion, which one issue most affects the quality of life in Lee County?



**If you selected "Neglect and abuse",
please specify type:**

- Child

Q8 In your opinion, which one of the following services needs the most improvement in your neighborhood or community?



Community Health Survey - Community Improvement



Low income/poverty was identified as the issue most affecting Lee County quality of life. Low income/poverty remained the same identified issue affecting quality of life in the 2018 Community Health Assessment.

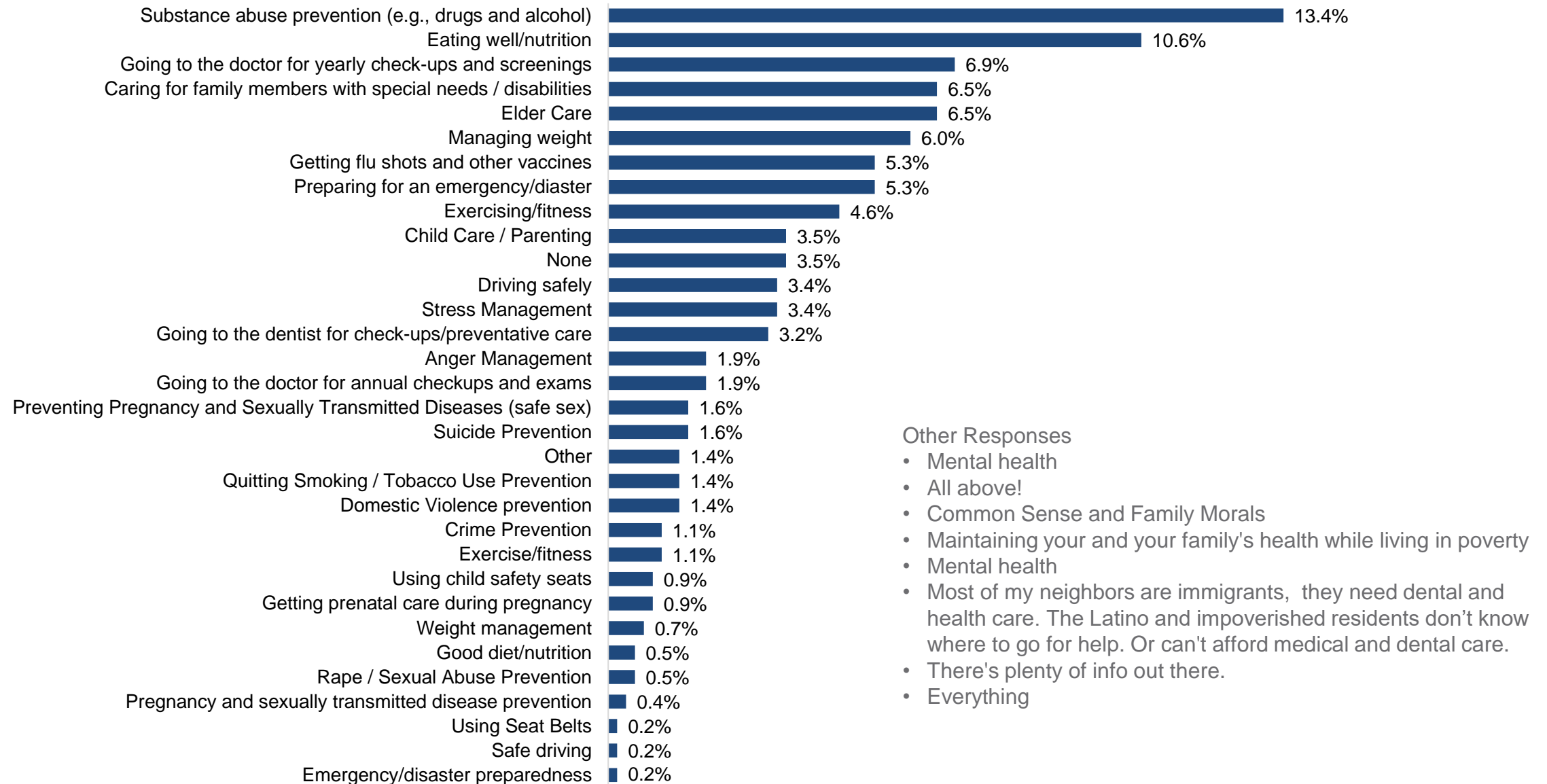
The top three answers for services needed for community improvement were: affordable/better housing, positive activities for teens, and higher paying employment. These top three answers were the same in the 2018 Community Health Assessment however, affordable/better housing moved up as the top answer choice.

Results for this area of improvement displays an ongoing need from the county. With a changing population, Lee County must adapt new ways to address needs in order to better serve its residents.

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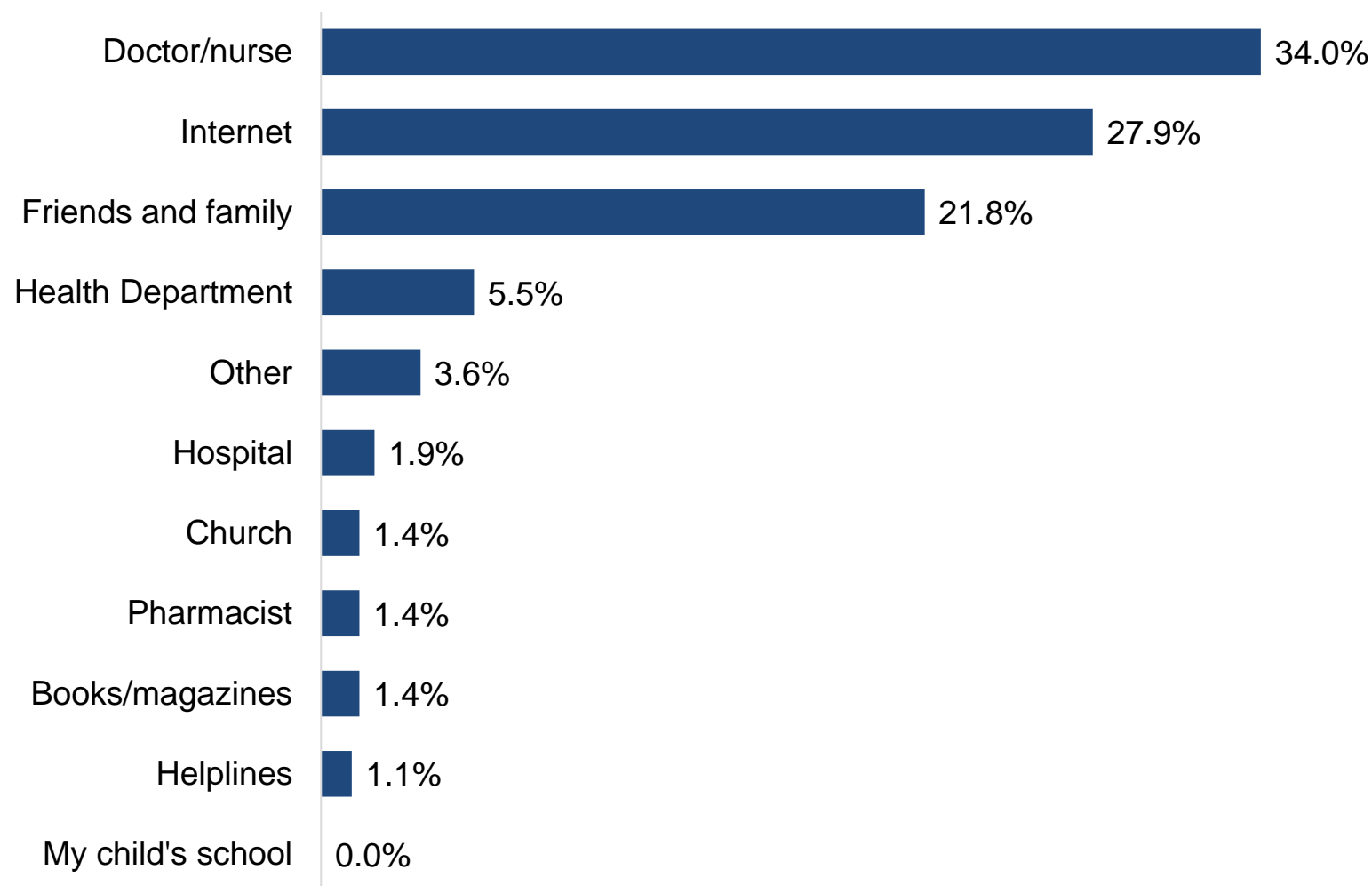
Health Information

Q9. In your opinion, which one health behavior do people in your own community need more information about?





Q10. Where do you get most of your health -related information?



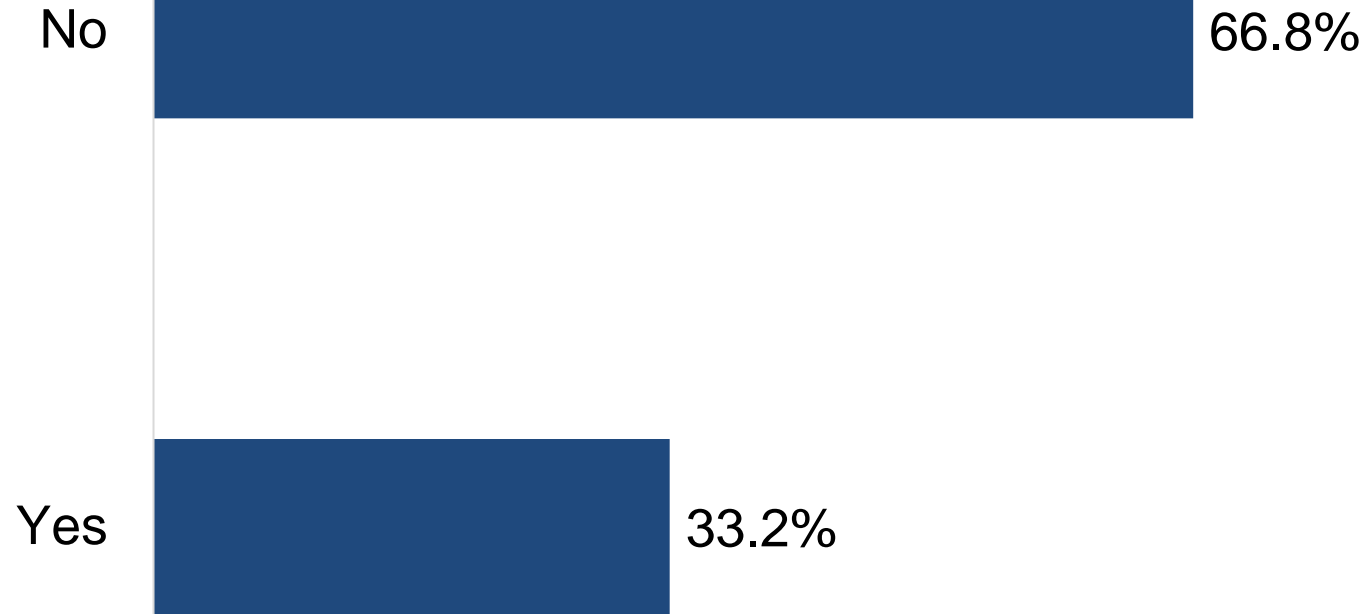


Q11. What health topics(s)/ disease(s) would you like to learn more about?

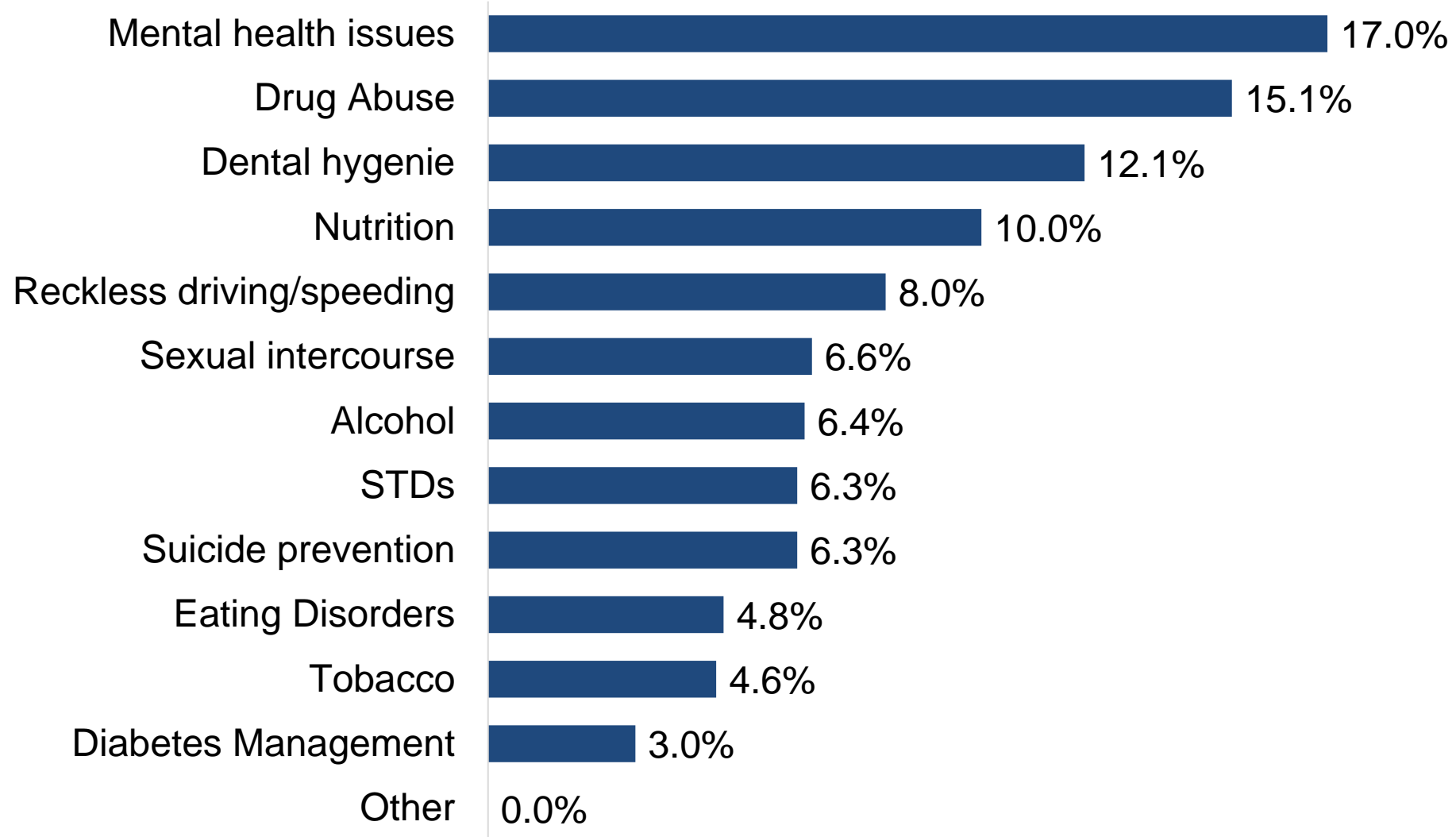
Topic	Mentions
Mental/behavioral health	18
Diabetes/Prevention/Type 1	17
Weight loss/obesity	14
Dementia/Alzheimer's Disease	9
Cancer/Preventing cancer	9
Nutrition/Healthy eating	9
Heart disease	8
Depression, anxiety, stress and stress mgt	7
High blood pressure	6
Arthritis	5
COVID/Coronavirus	5
Substance abuse treatment	3
Fitness and exercise	3
Natural and alternative medicines	3

- Asthma 2
- Heart 2
- COPD 2
- Allergies 2
- Aging/elder care 2
- Any affecting Lee County 2
- Children and adults with special needs 2

Q12. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relative)



Q13. Which of the following health topics do you think your child/children need(s) more information about?



Community Health Survey - Health Information



The survey respondents recognized needing information about substance abuse prevention and nutrition education.

The top three health topics of interest from survey respondents were mental and behavioral health, diabetes prevention and management, and weight loss/obesity.

Most Survey respondents believe children should have more information about mental health, drug abuse, and dental hygiene.

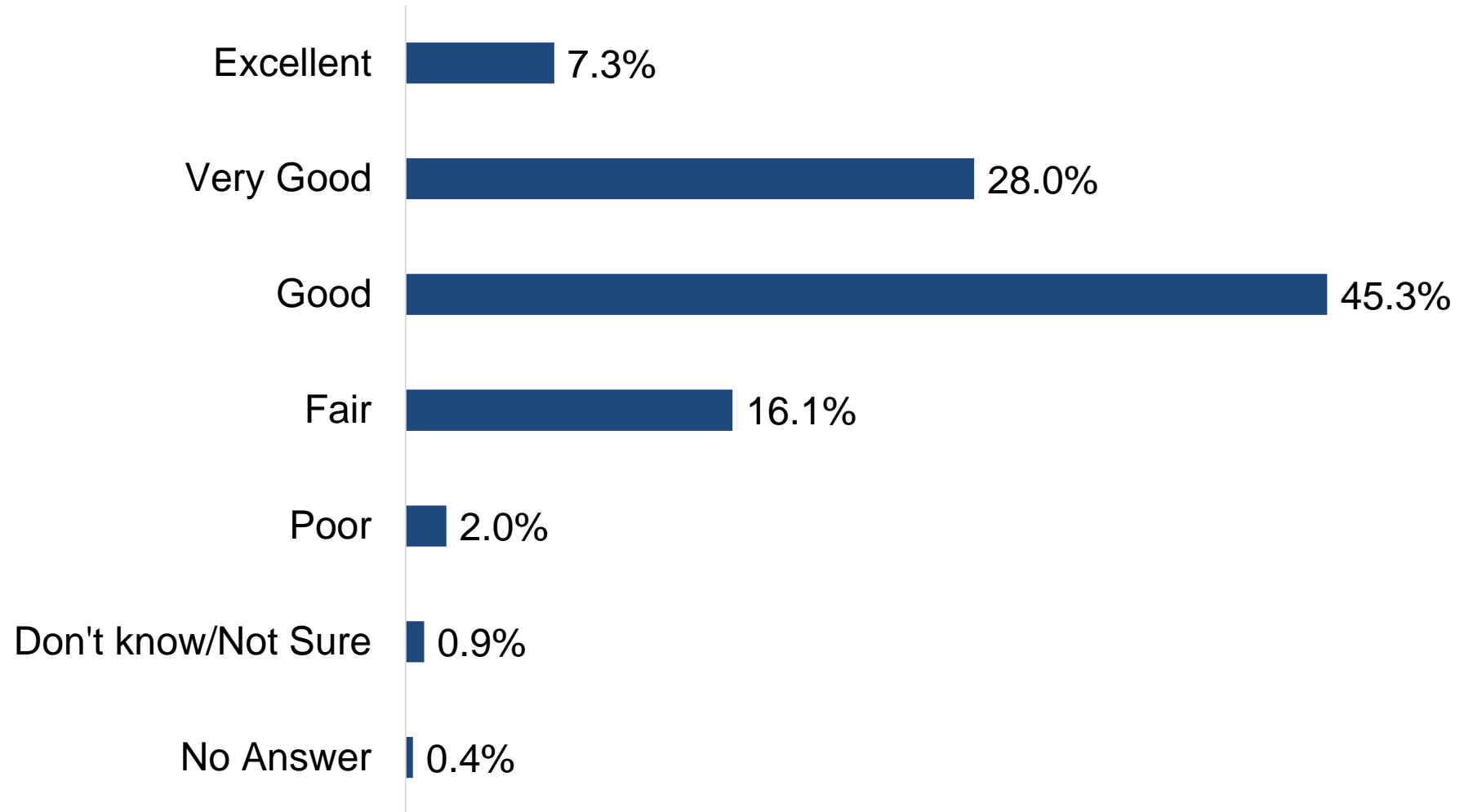
These responses are very similar to those identified in the 2018 Community Health Assessment, however, mental health increased in importance.

Lee County is observing similar problems since the 2018 health assessment, however, there is an increased emphasis on mental health resources and substance abuse. This issue seems to be a nationally observed issue which has come to light after the height of the pandemic.

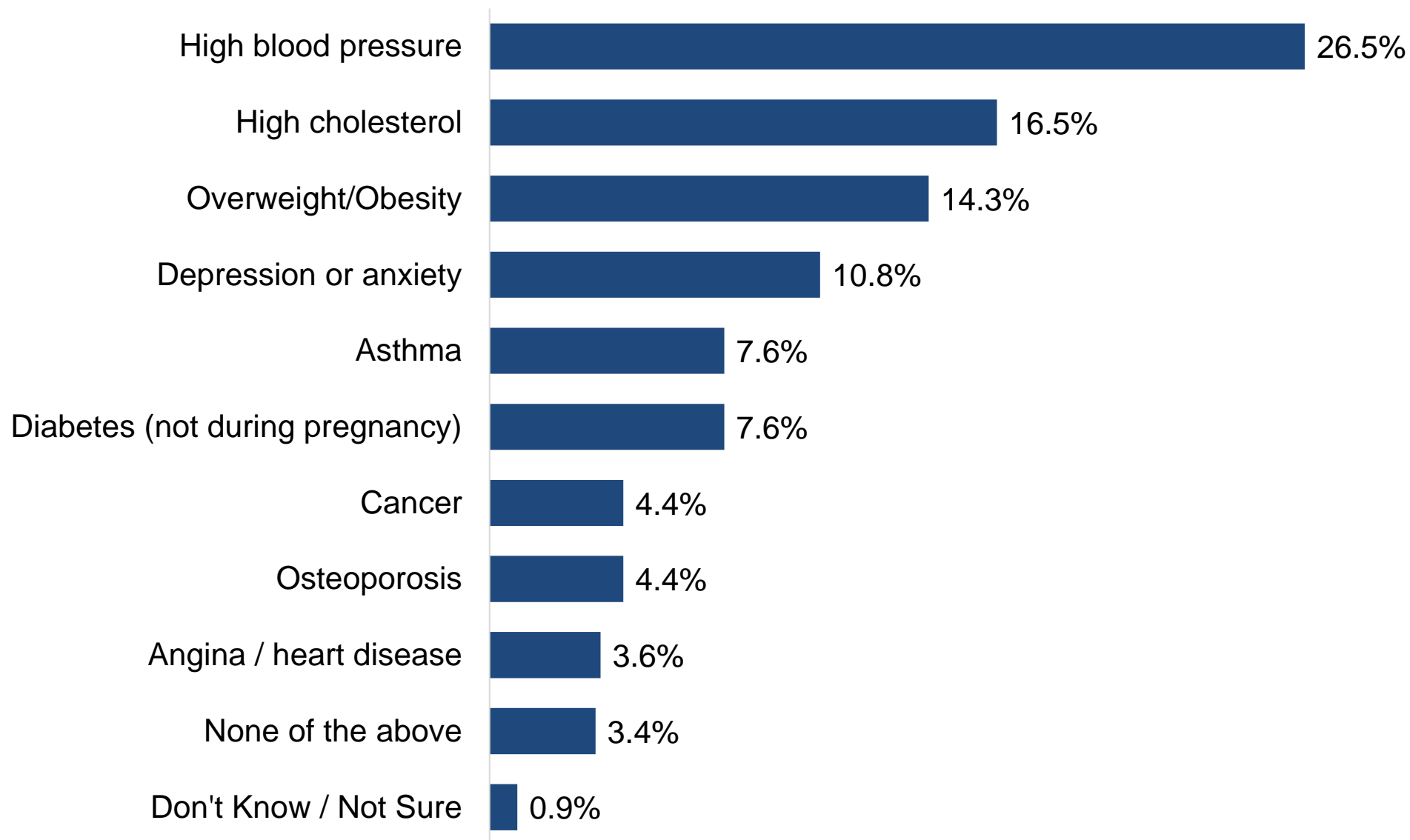
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Personal Health

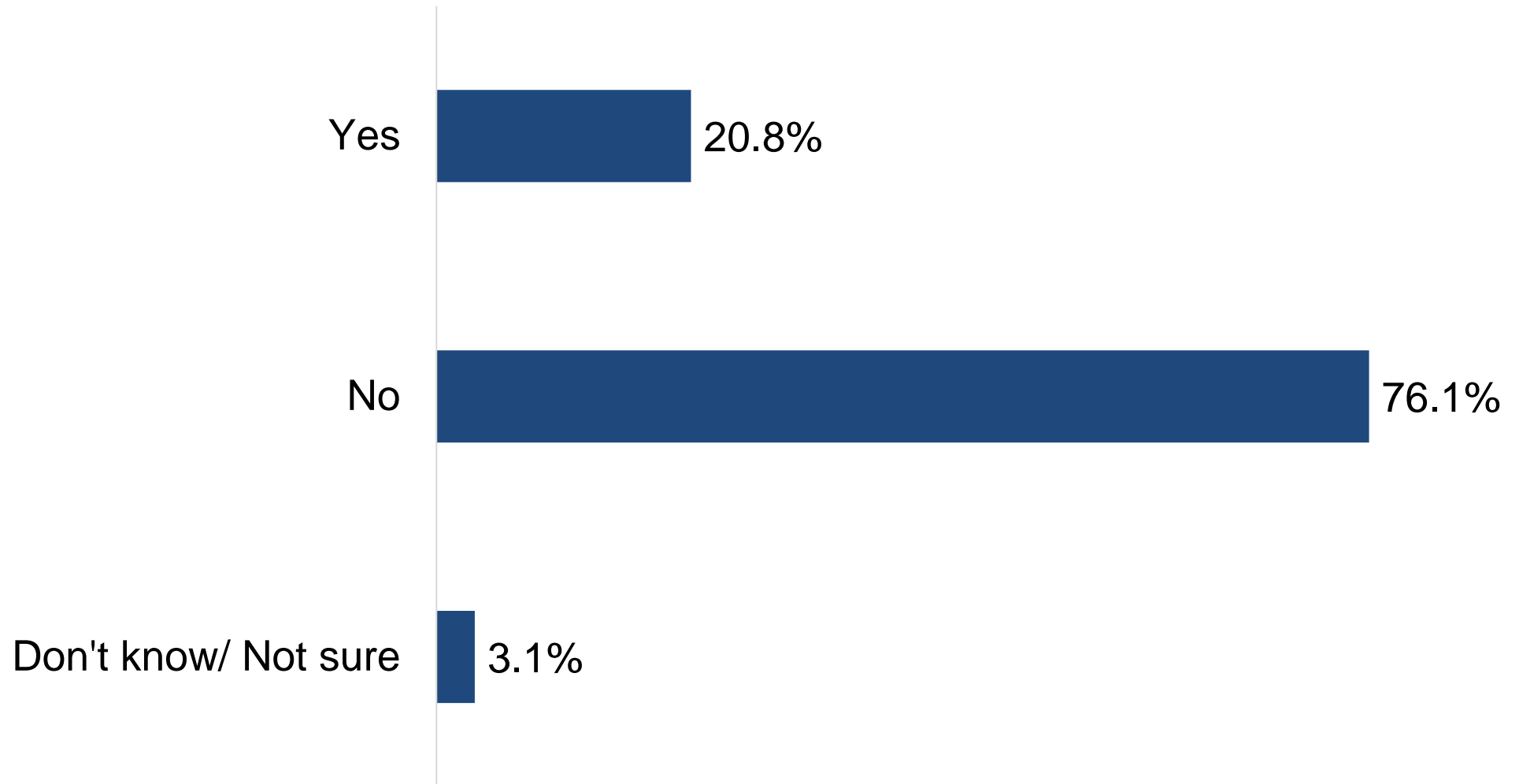
Q14. Would you say that, in general your health is....



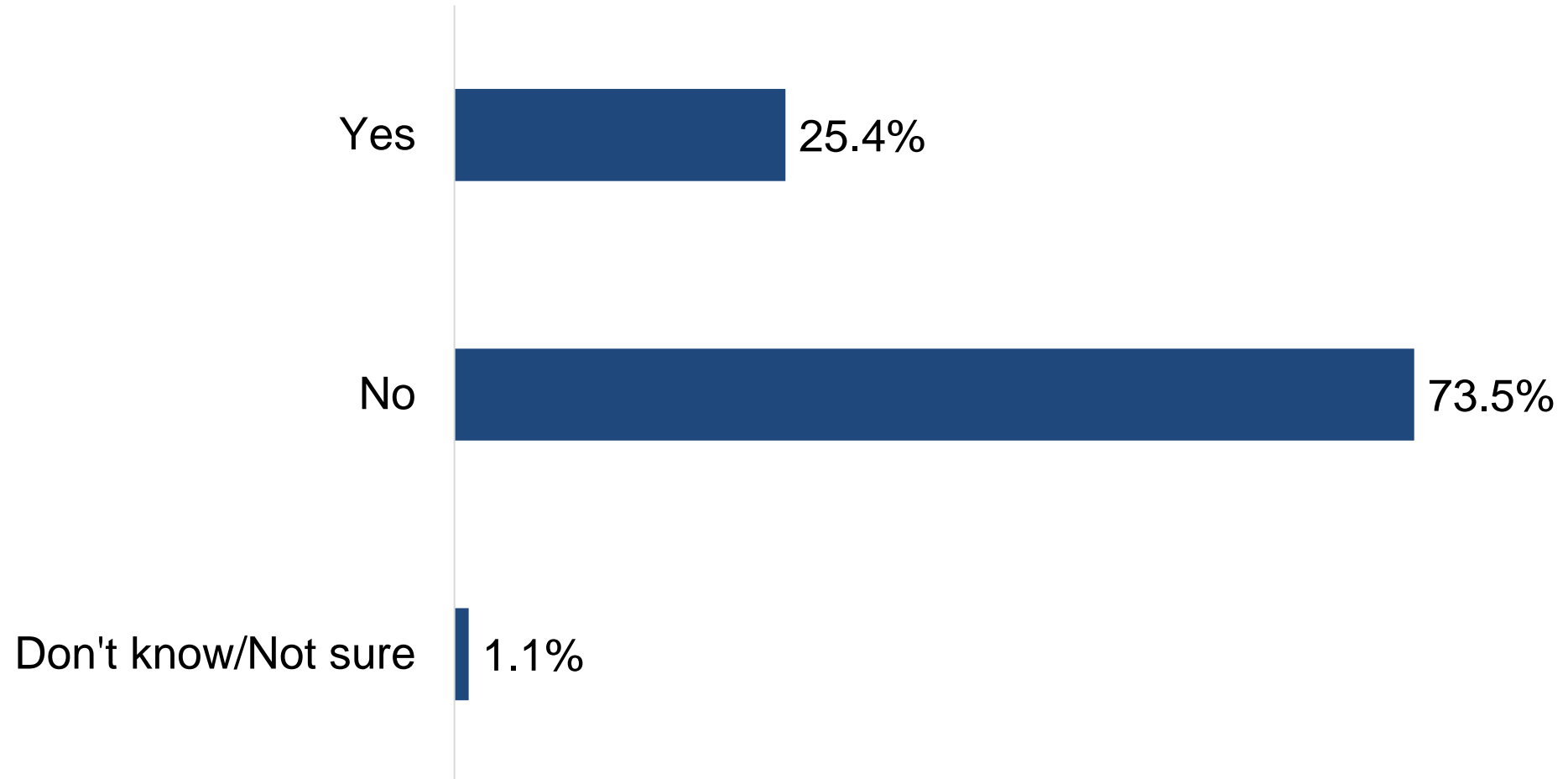
Q15. Have you ever been told by a doctor, nurse, other health professional that you have any of the following health conditions?



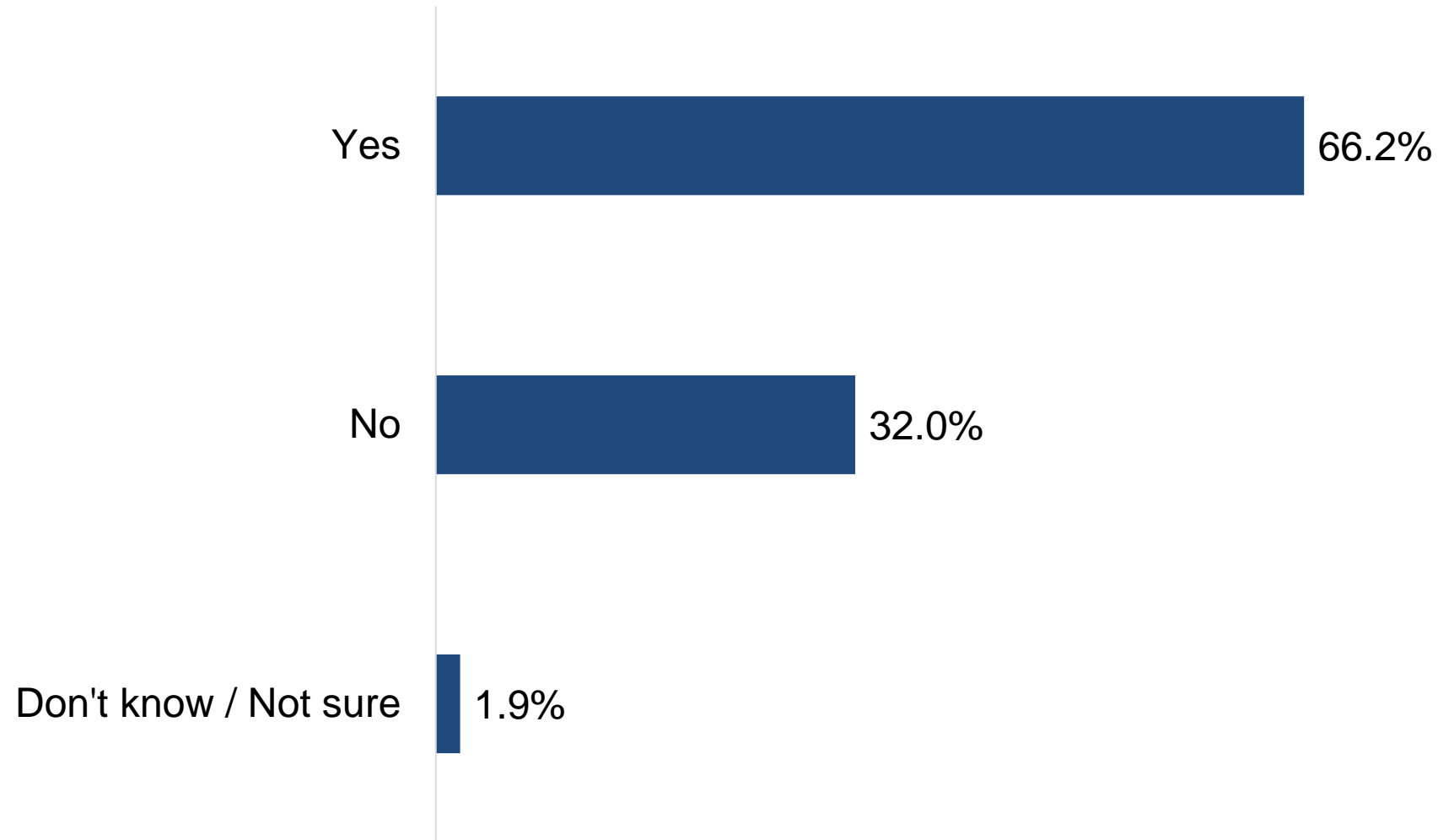
Q16. In the past 30 days, have there been any days when feeling sad or worried keeping you from going about your normal business?



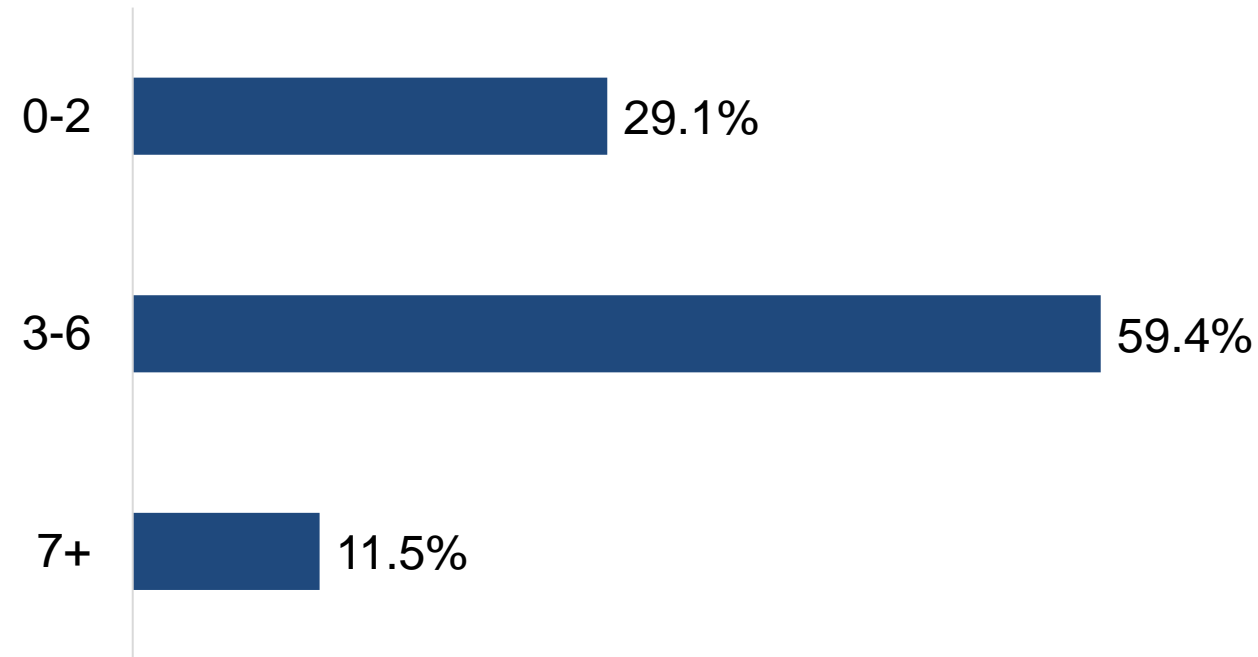
Q17. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work



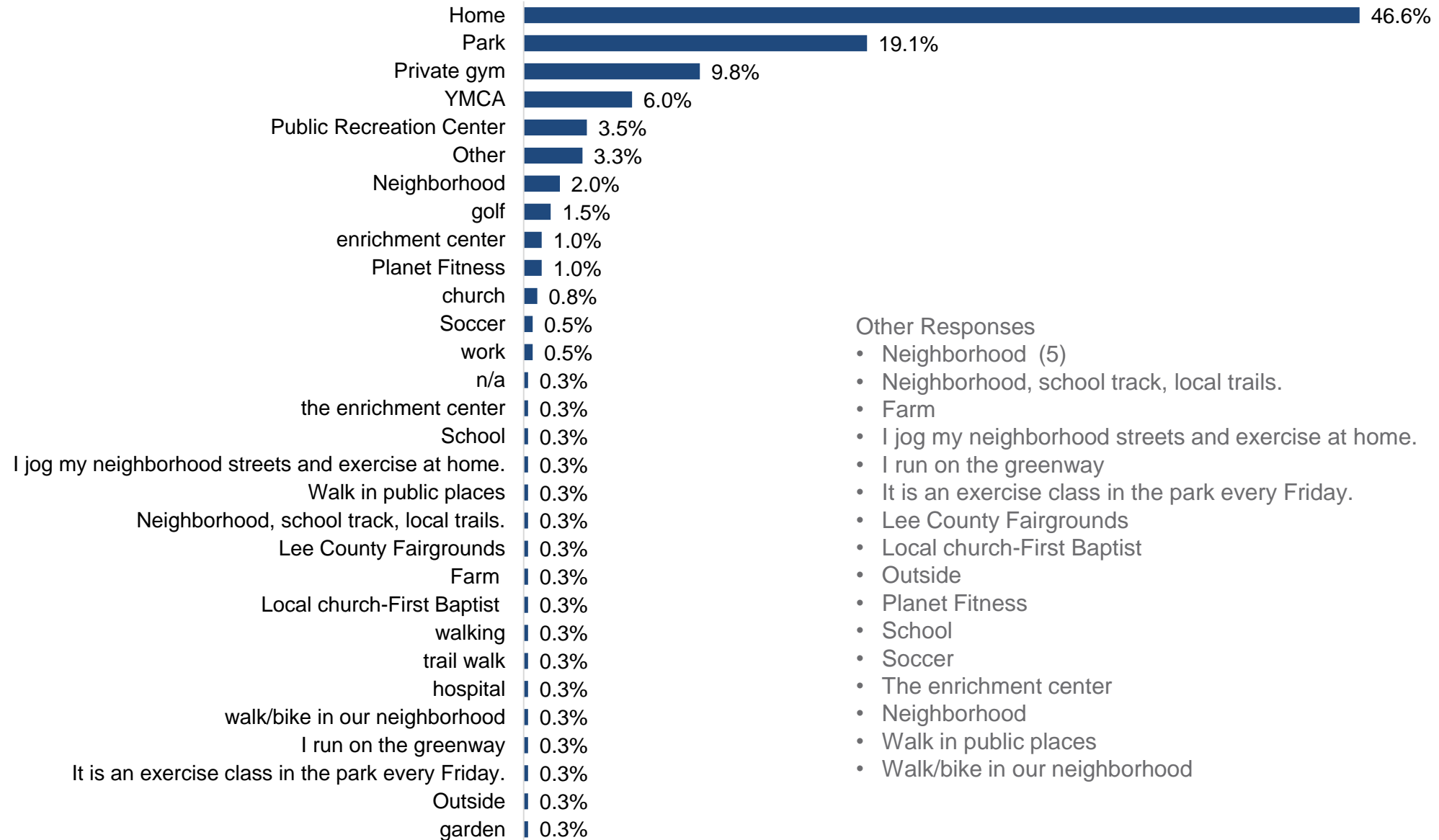
Q18. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour?



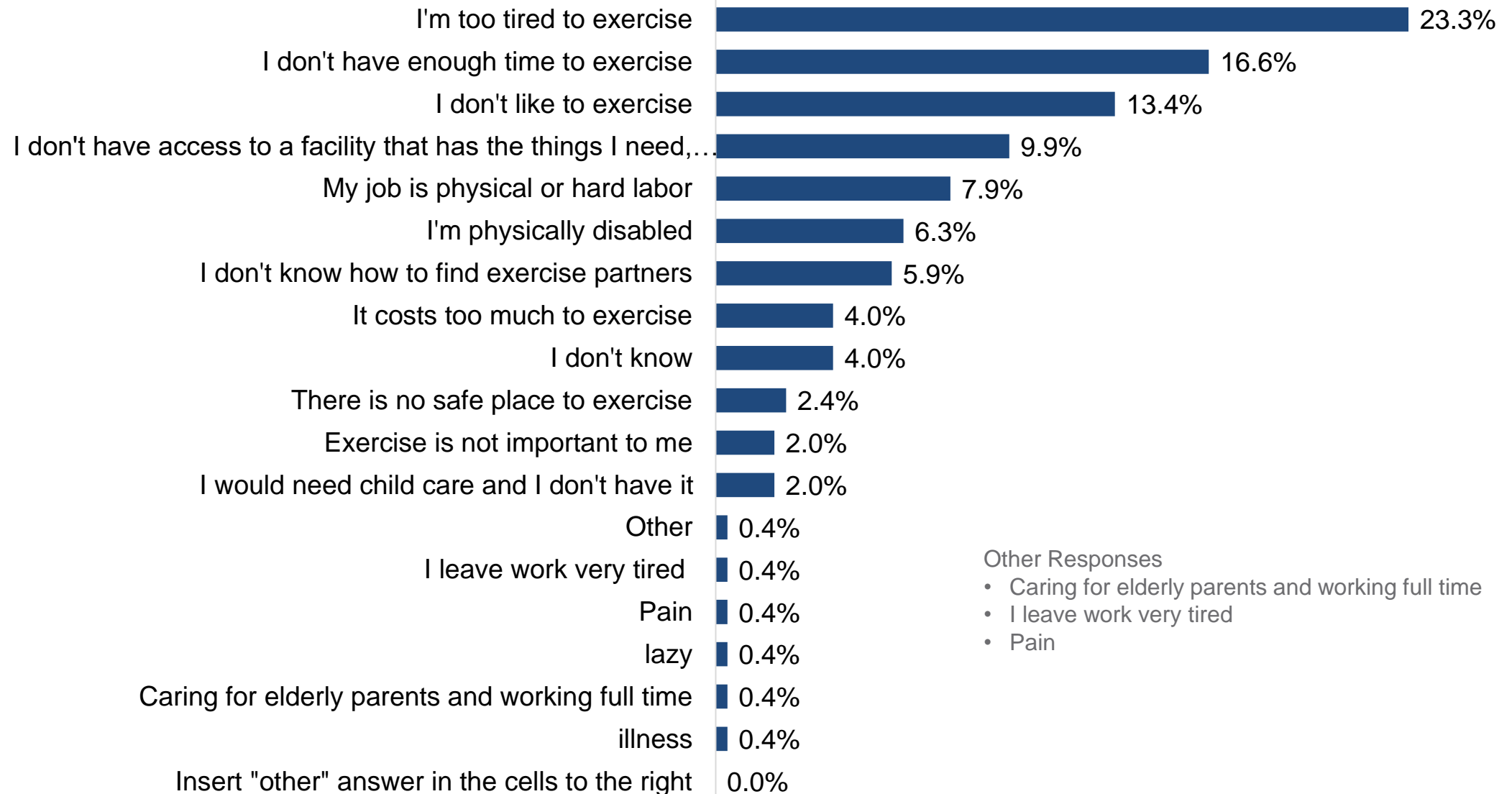
Q19. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?



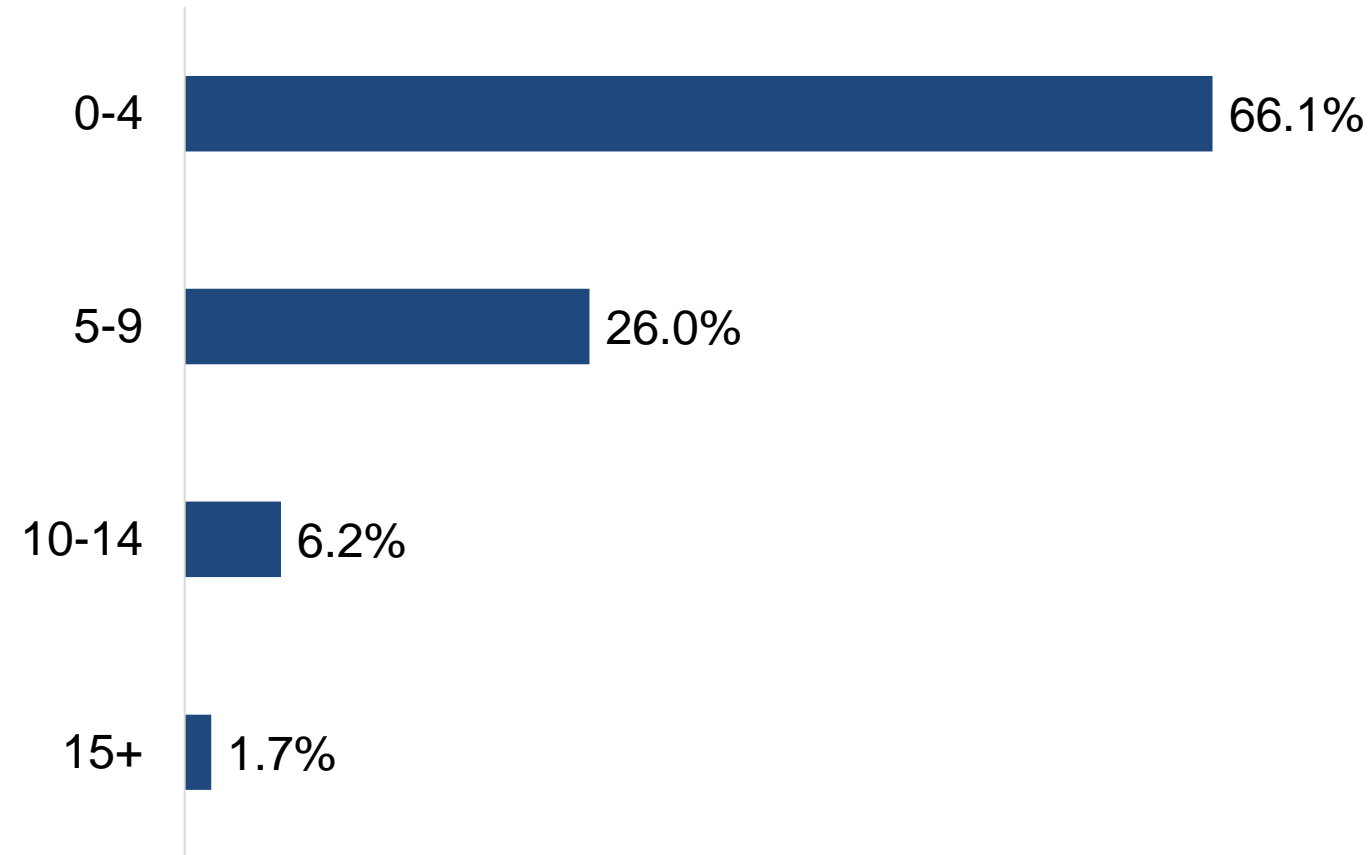
Q20. Where do you go to exercise or engage in physical activity? check all that apply



Q21. Since you said "no", what are the reasons you do not exercise for least a half hour during a normal week? Check all that apply

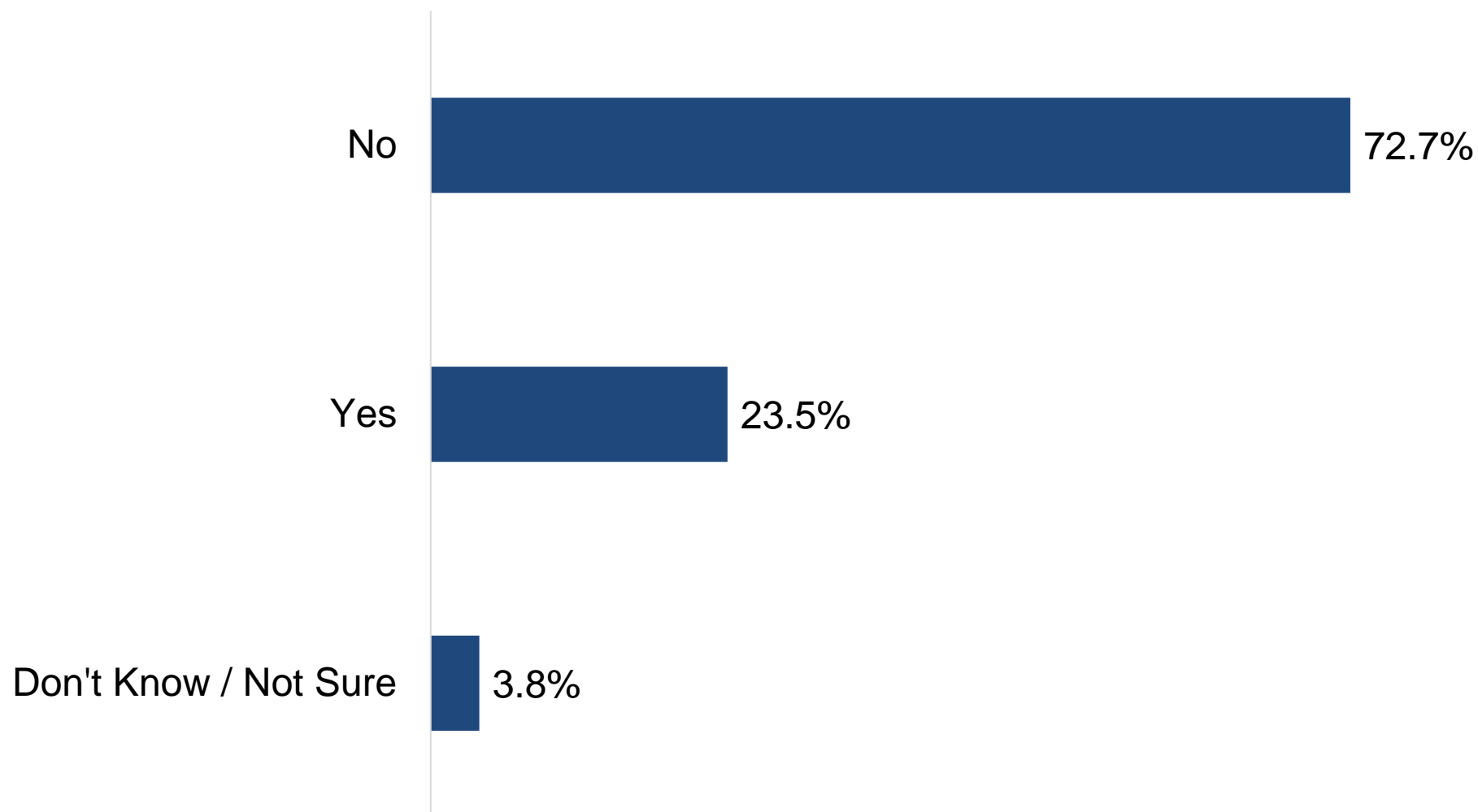


Q22. How many cups per week of fruits, vegetables, and 100% fruit juice would you say you eat?

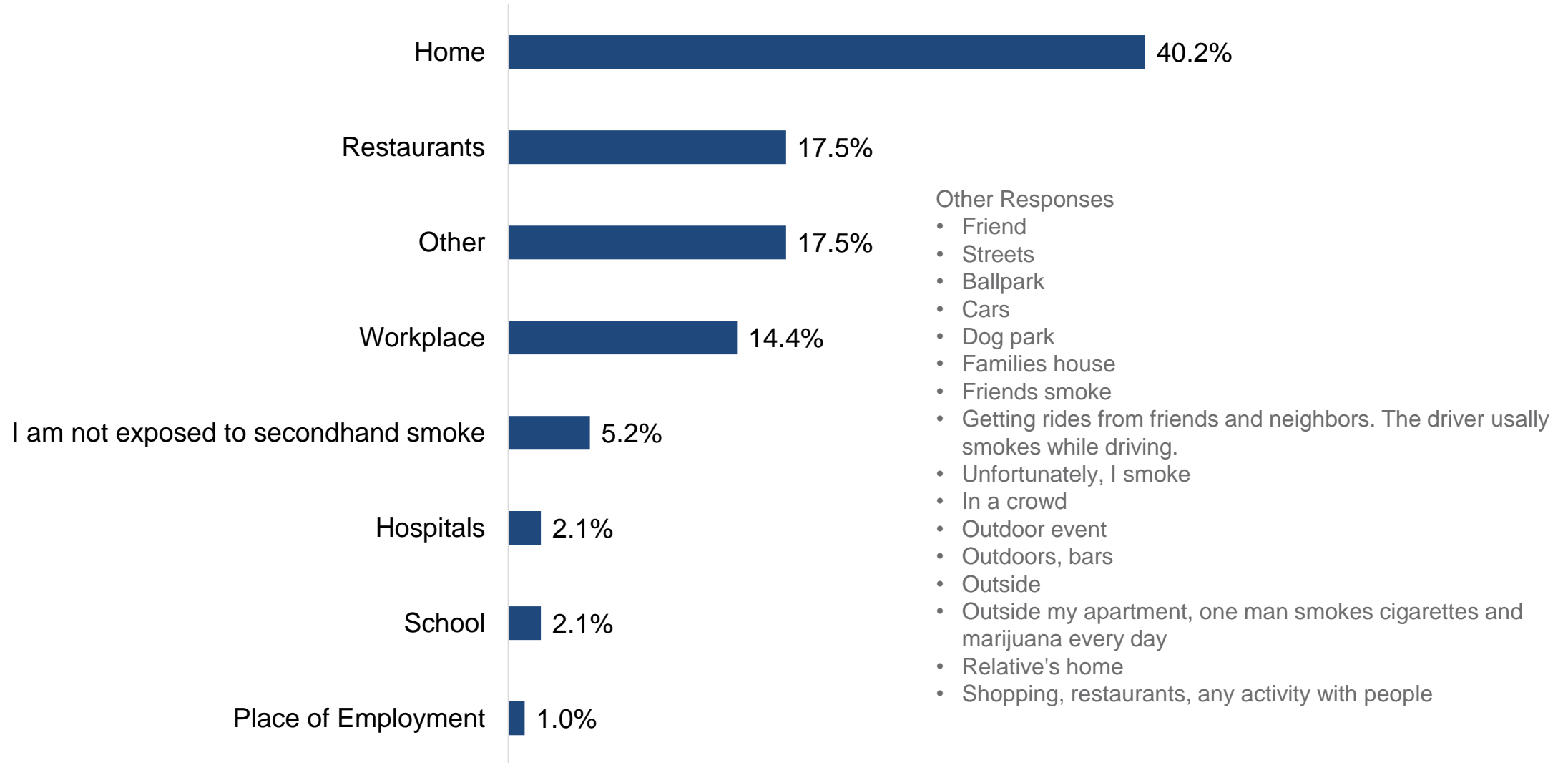




Q23. Have you been exposed to secondhand smoke in the past year?

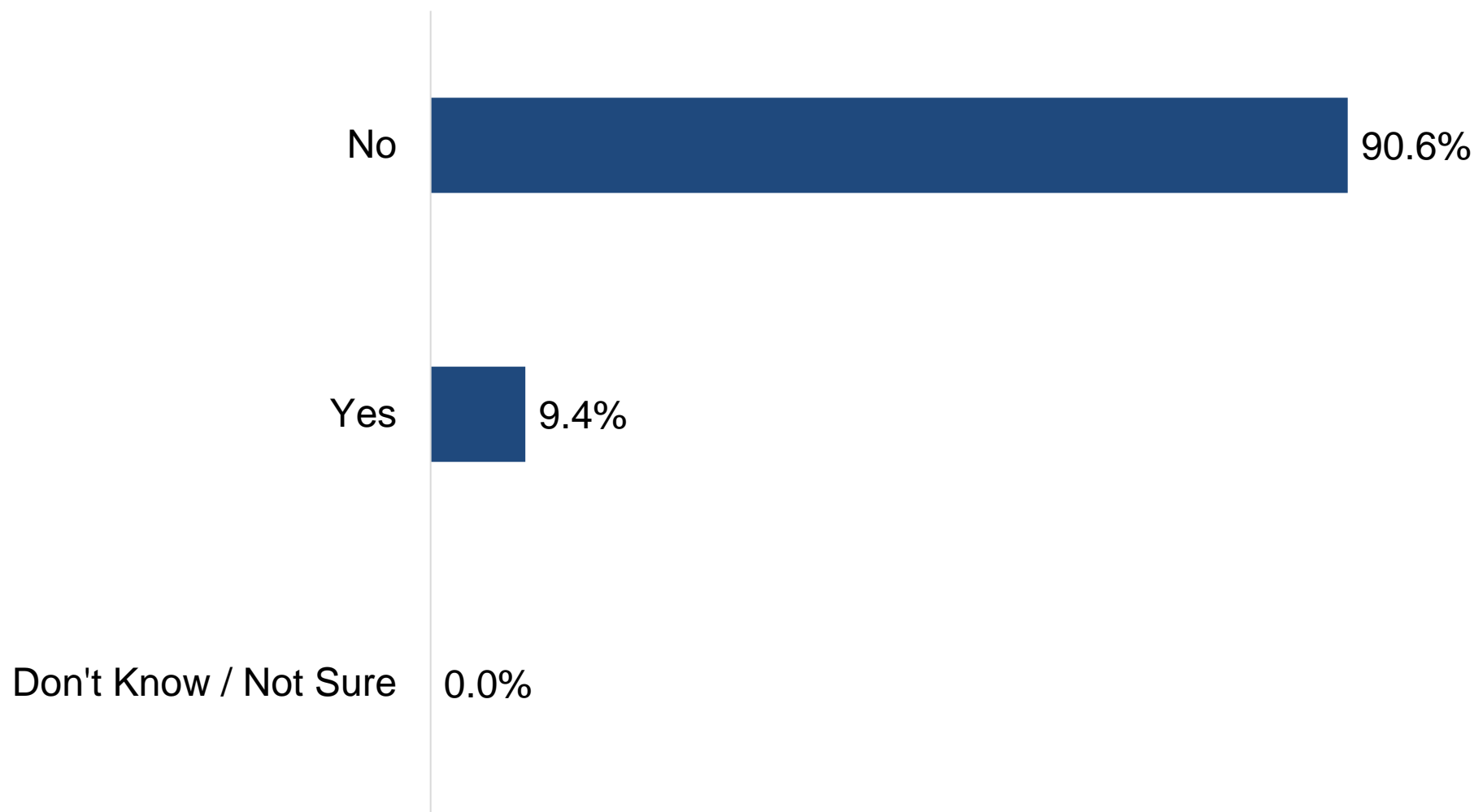


Q24. If yes, where do you think you are exposed to secondhand smoke most often?



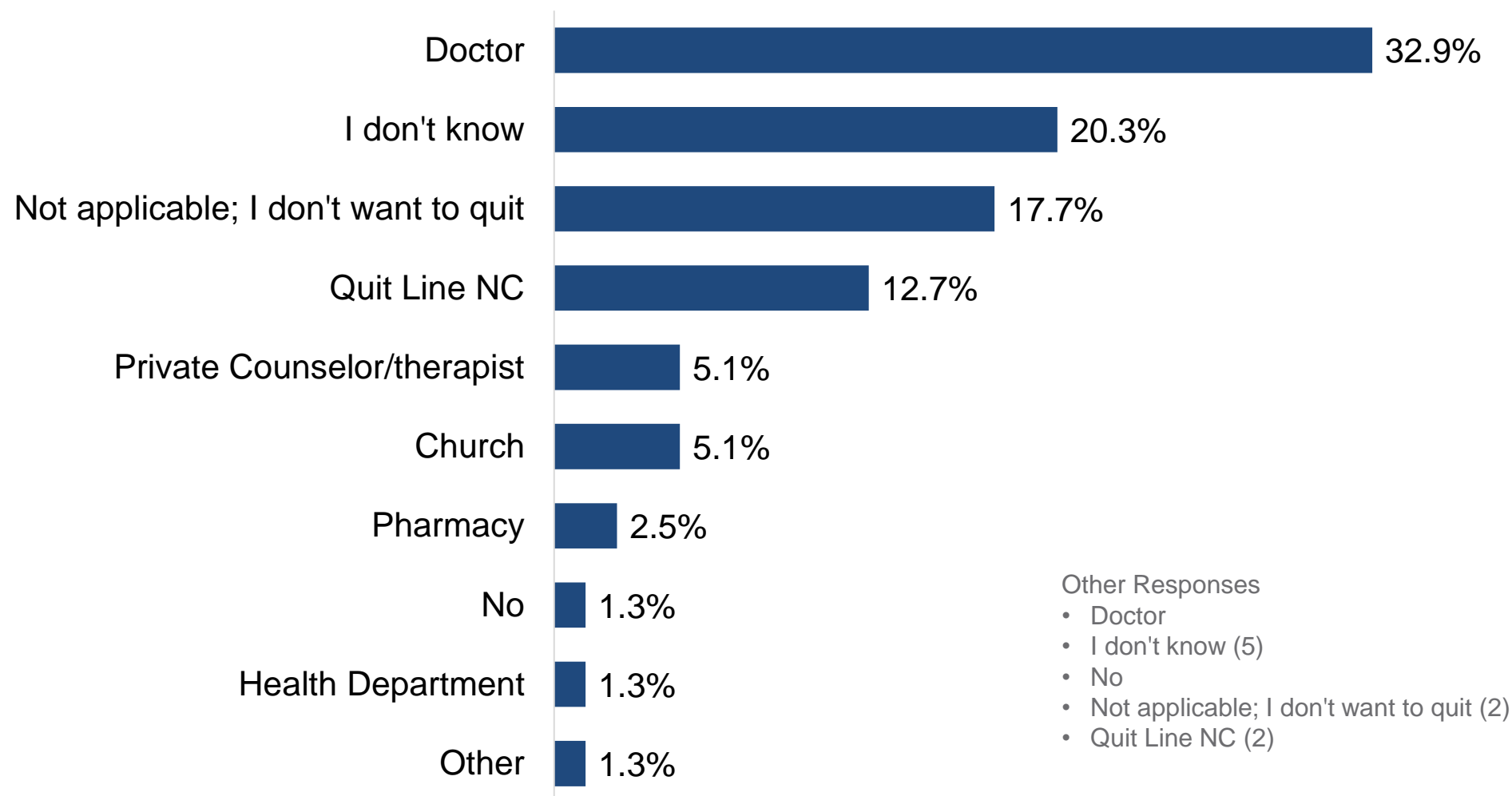


Q25. Do you currently smoke? (Include regular smoking in social settings)





Q26. If yes, where would you go for help if you wanted to quit?



Community Health Survey – Personal Health



Generally, respondents stated their health was good or better (very good or excellent). Most respondents also responded with exercising most days of the week and consuming 0-4 cups fruits and vegetables per week.

The most prevalent illness experienced among respondents was high blood pressure. Most respondents also reported not experiencing severe pain or health problems within the last 30 days.

More than half of respondents engage in exercise at least half an hour at least 3 times per week at home. Respondents who do not exercise stated their main reason as too tired and not enough time.

90% of respondents do not smoke. At least 70% of respondents were not exposed to secondhand smoke in the past year. Those who were exposed mostly experienced it at home.

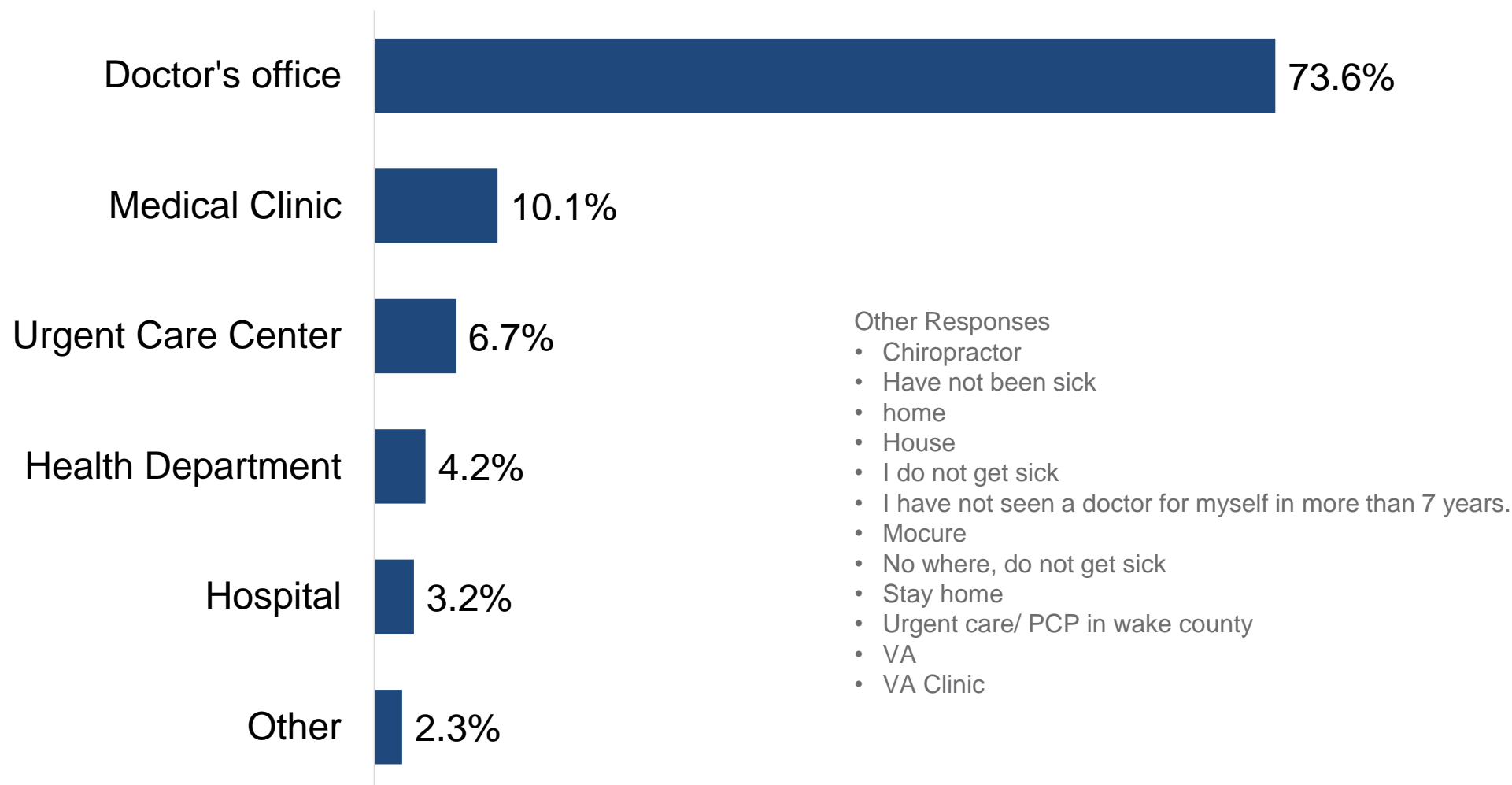
The results from this survey section show individual behavior changes which are not directly controlled by external factors.

An abstract network diagram with various sized nodes (some solid, some dashed) connected by lines, forming a complex web-like structure. The nodes are distributed across the slide, with a higher concentration on the left and bottom right sides.

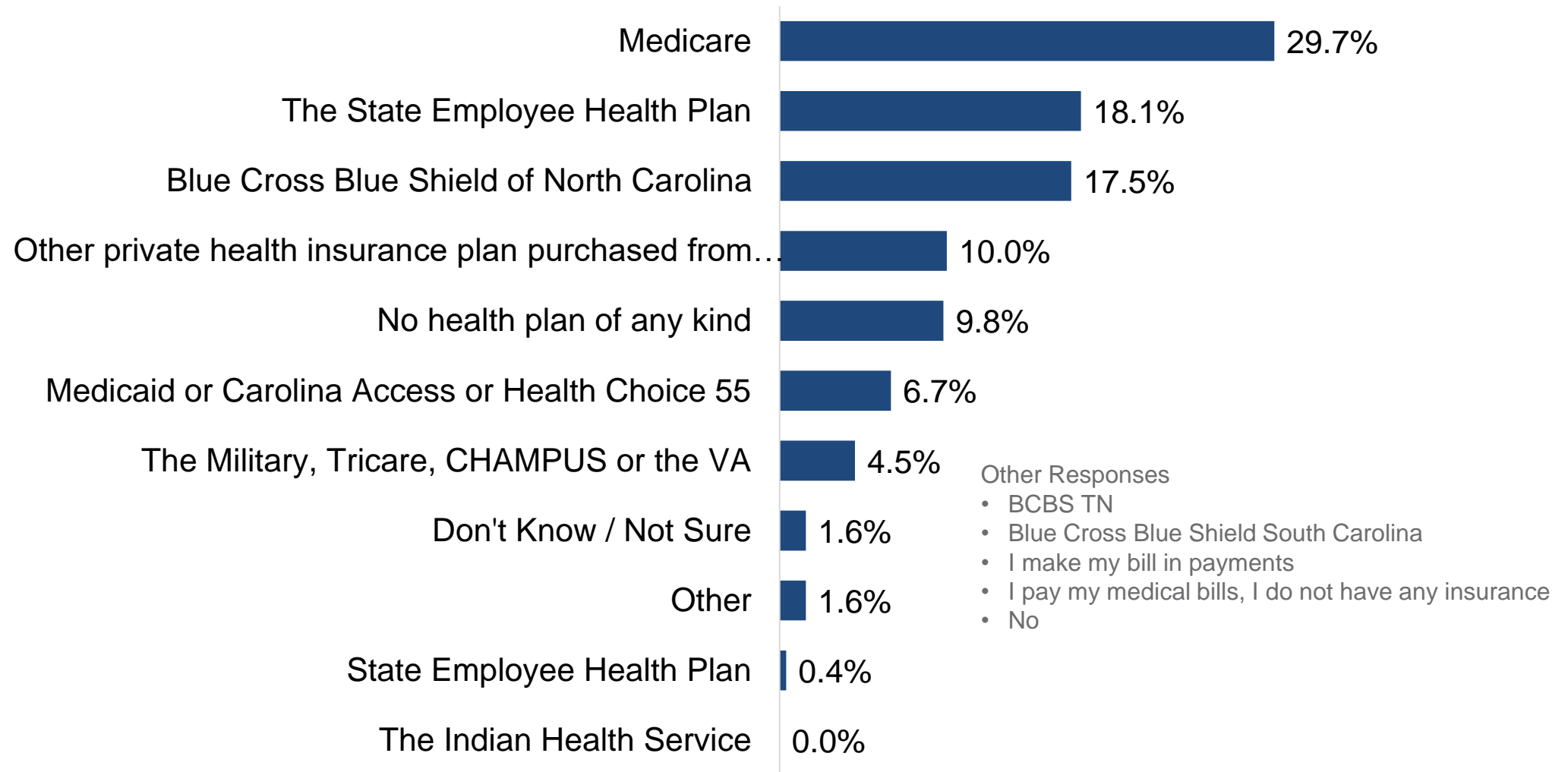
Access to Care/Family Health



Q27. Where do you go most often when you are sick?

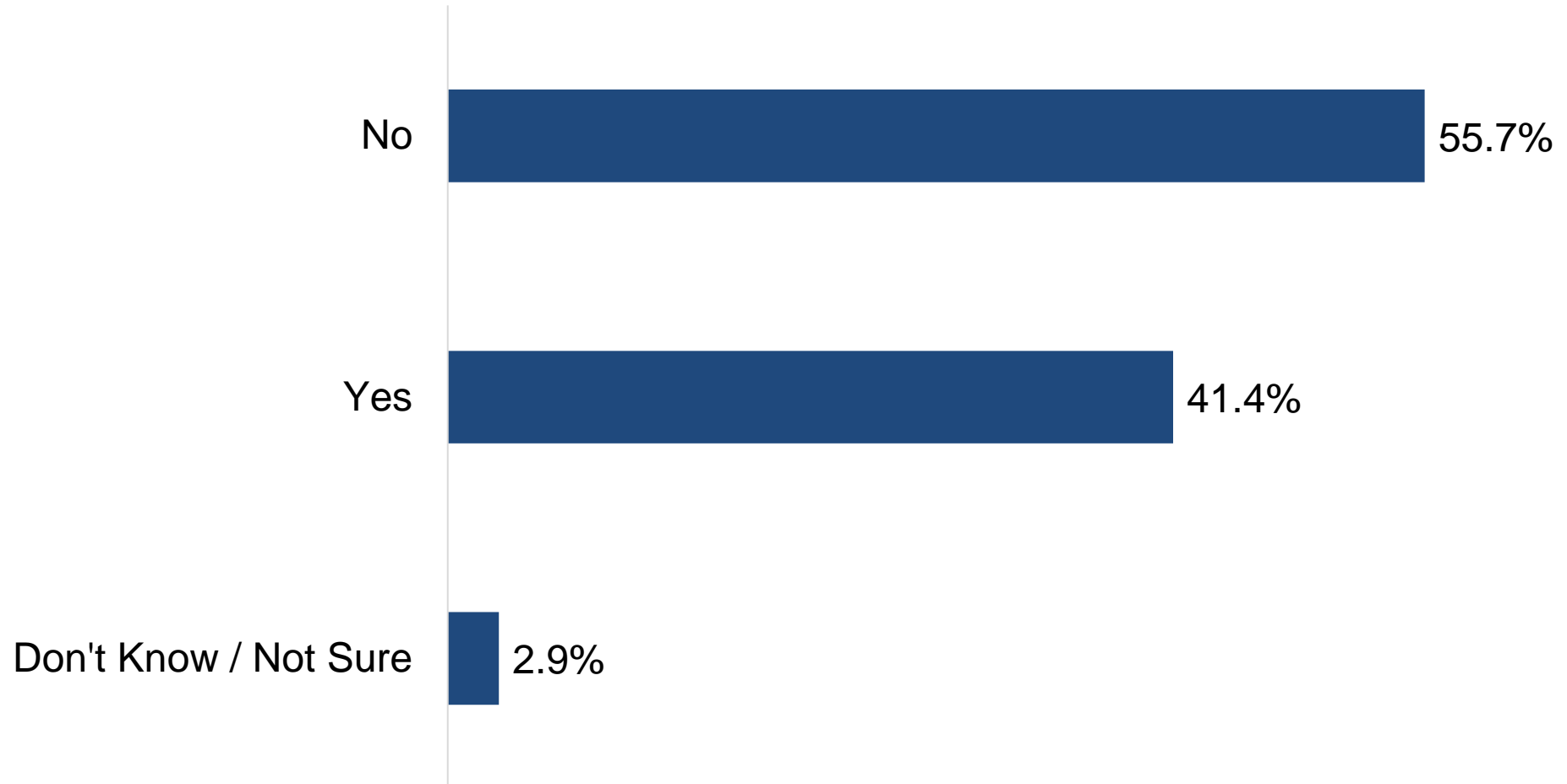


Q28. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?

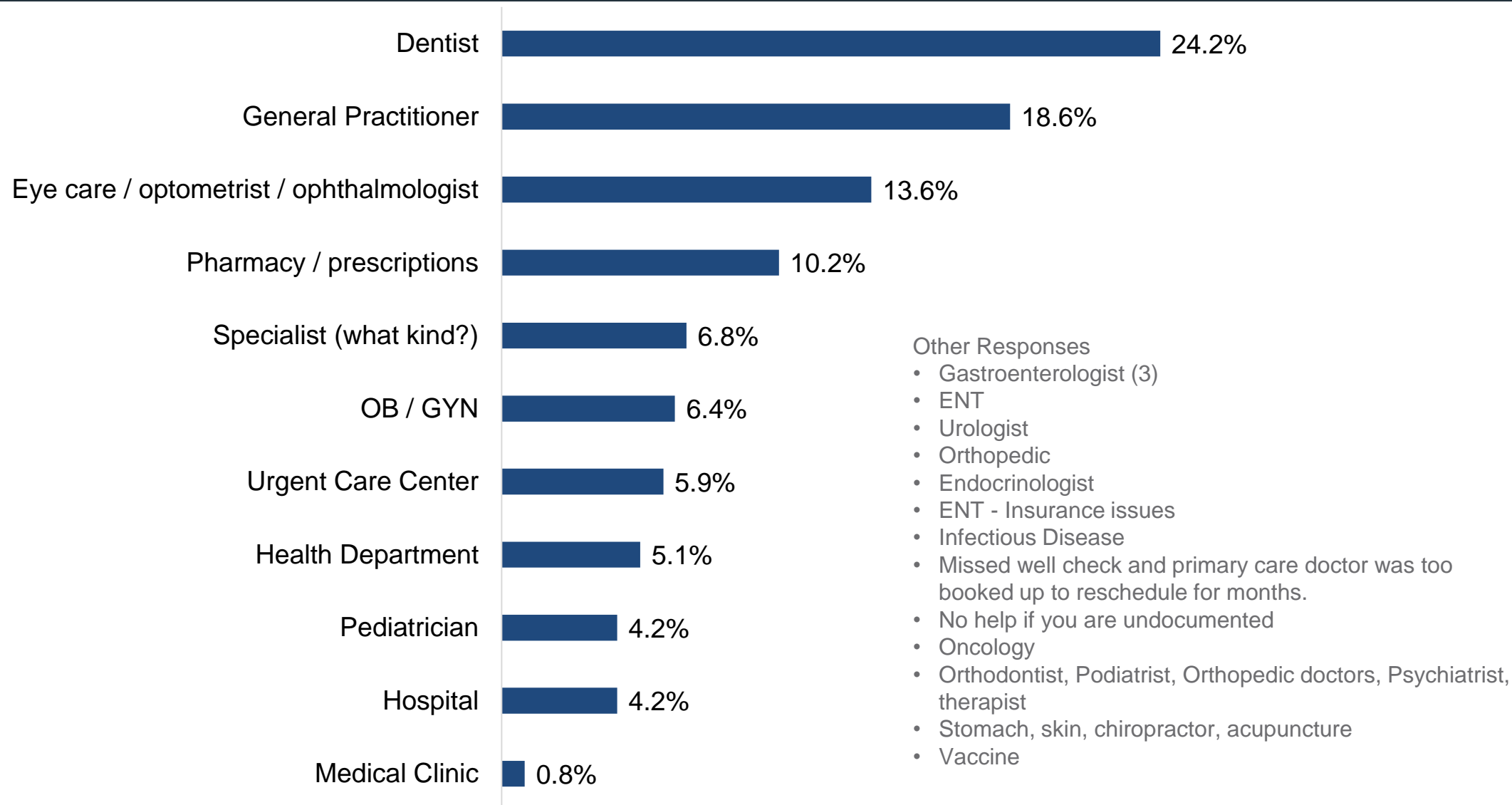


N=508 Q28. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills? [Note: The State Employee Health Plan is also called the "North Carolina Teacher's and Employee Health Plan." Medicare is a federal health insurance program for people 65 and older or some younger people with disabilities. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.]

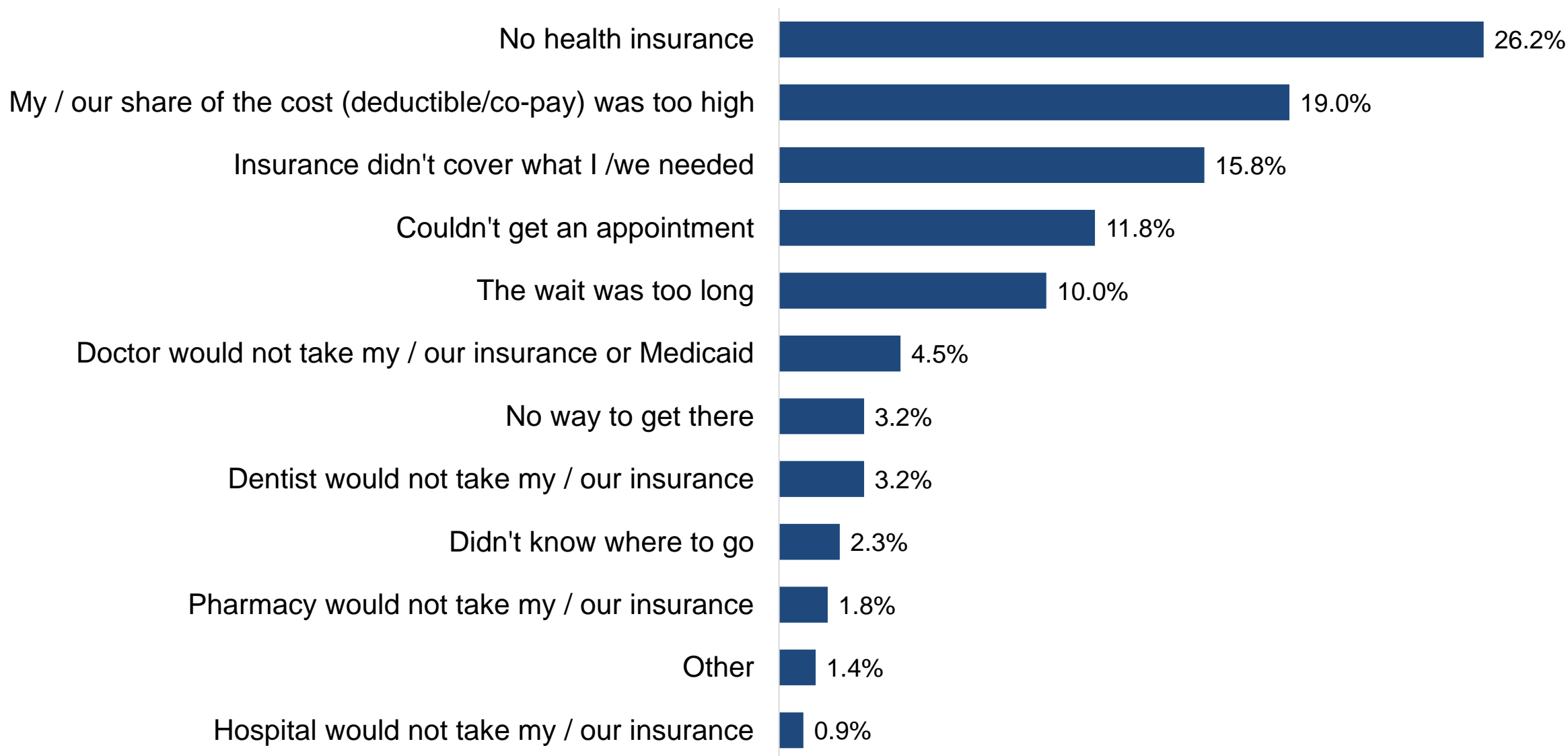
Q29. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?



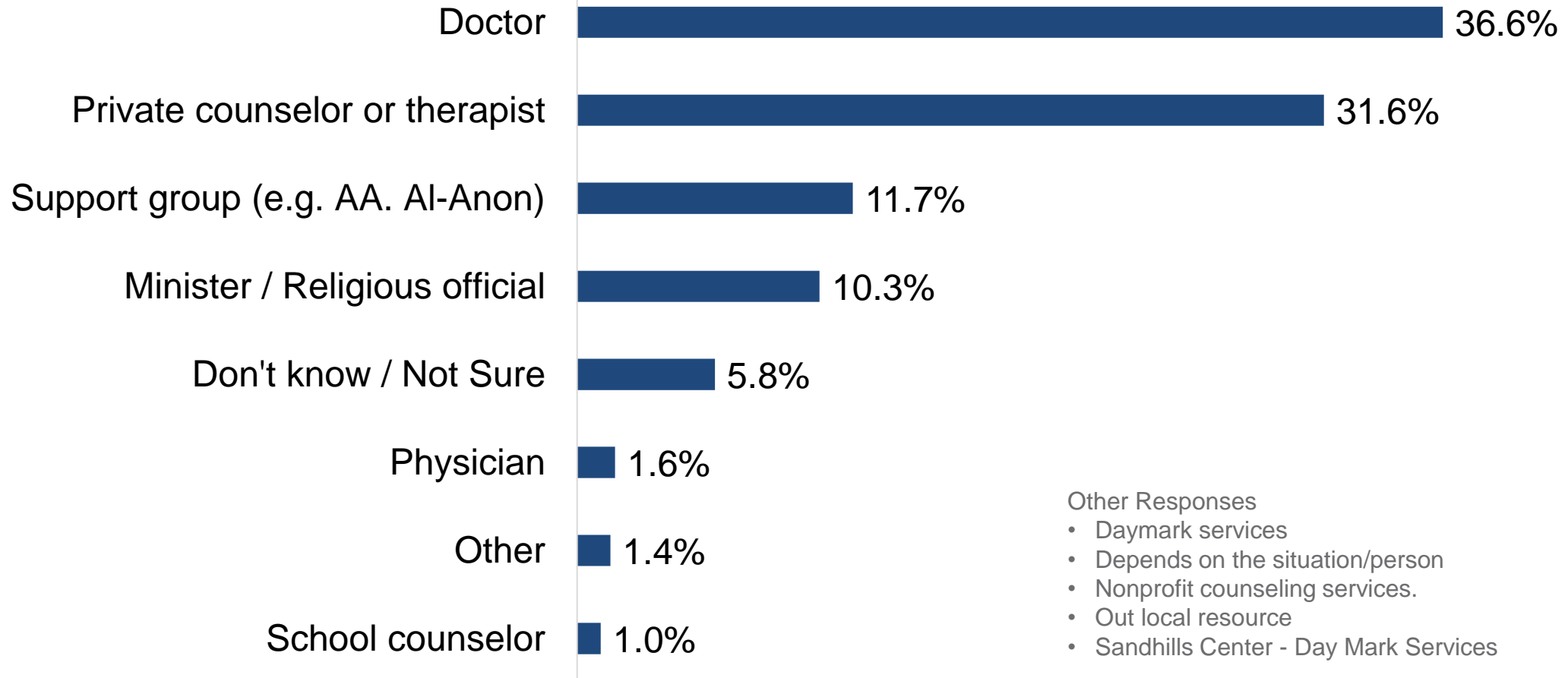
Q30. Since you said "yes", what type of provider or facility did you or your family member have trouble getting health care from?



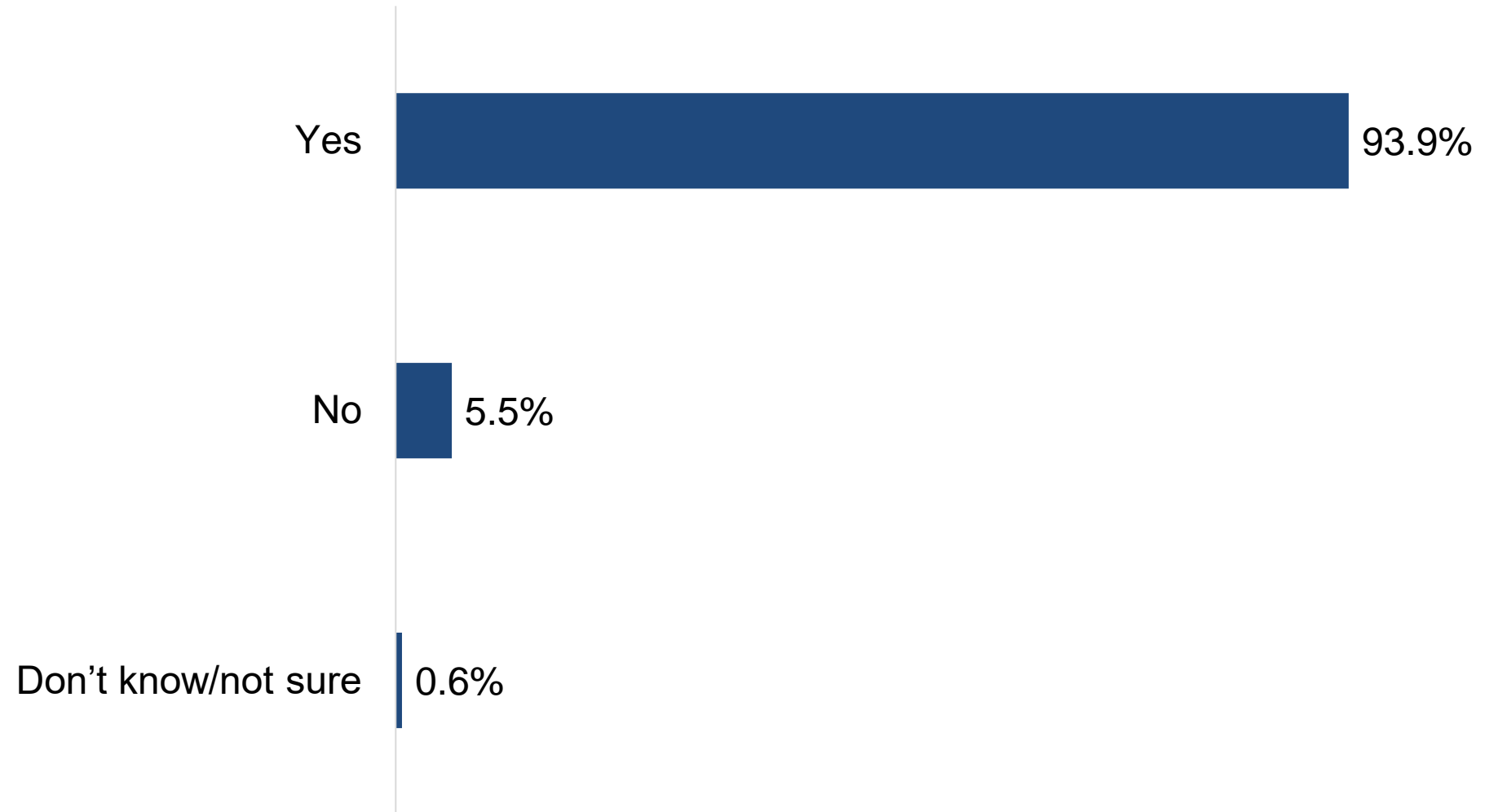
Q31. Which of these problems prevented you or your family member from getting the necessary health care?



Q32. If a friend or family member needed counseling for a mental health or drug / alcohol abuse problem, who is the first person you would tell them to talk to?

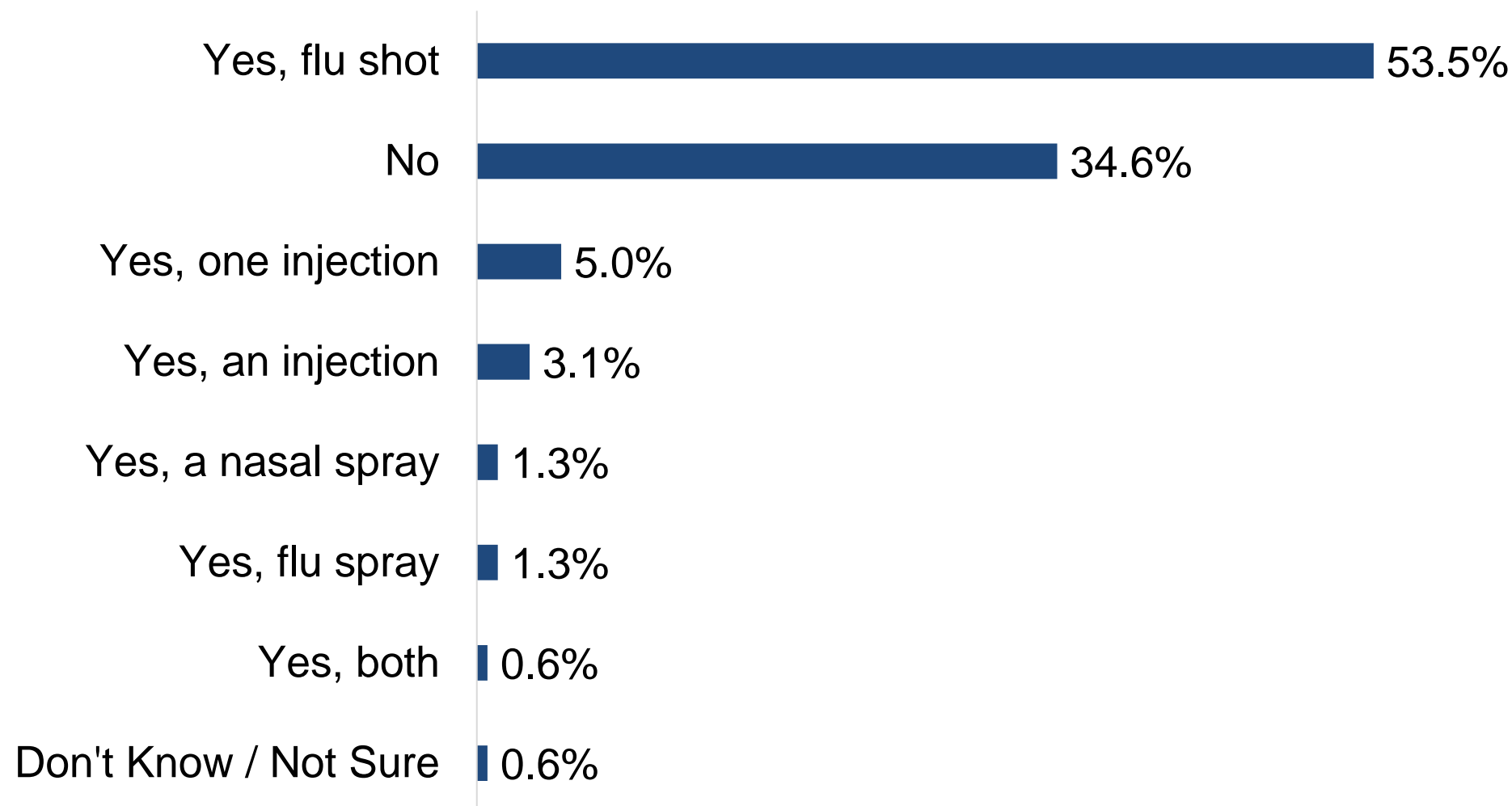


Q47. Do you have access to the internet?





Q50. During the past 12 months, have you had a seasonal flu vaccine?



Community Health Survey – Access to Care



73% of respondents visit a doctor when they become sick.

Most respondents have Medicare as their health insurance plan.

55% of respondents state they did not have problems accessing care for themselves or their family. 41% stated they did have trouble accessing care with their dentist office.

Having no health insurance and the high cost of deductible and copays prevented respondents from accessing needed care.

53% of respondents have their flu vaccine.

Overall, respondents experience difficulty accessing care meaning there is opportunity for improvement within the community.

Identified Priorities from the Community Health Survey



The community health survey identified several areas of potential to be addressed:

low Income/poverty, housing, mental health (depression, anxiety, stress), diabetes, obesity - (healthy eating, active living), dementia/Alzheimer's, cancer and prevention, heart disease, high blood pressure, high cholesterol, dental care, lack of health insurance, cost of care.

These concerns can be categorized into the following: mental health, substance use, healthy eating/active living, and social determinants of health.

Collectively, when evaluating the focus group and survey responses, there is a need for access to different types of healthcare (dental, physical), mental health resources to community, and mental health, drug abuse, and dental hygiene education to youth in the county.



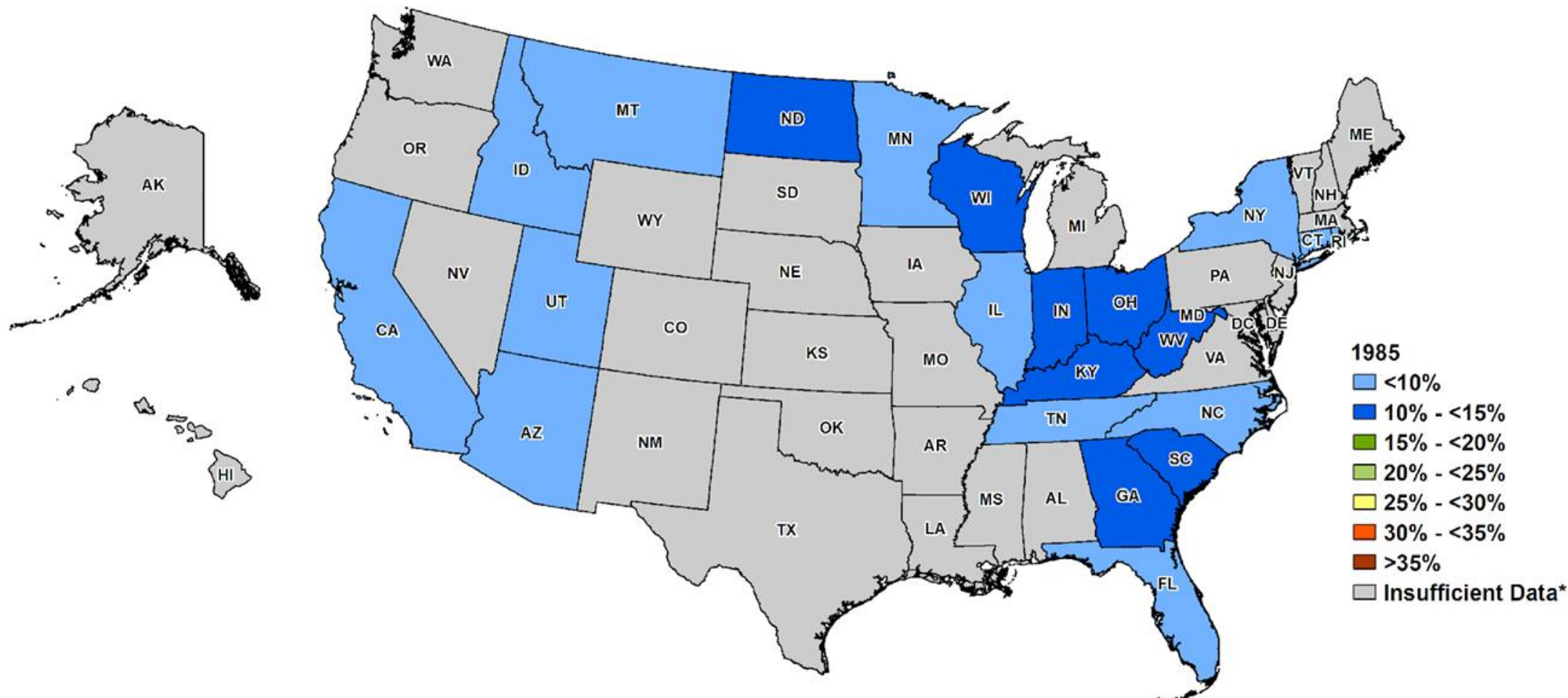
Health of the Community

Lee County, NC CHNA

Obesity Trends Among U.S. Adults 1985



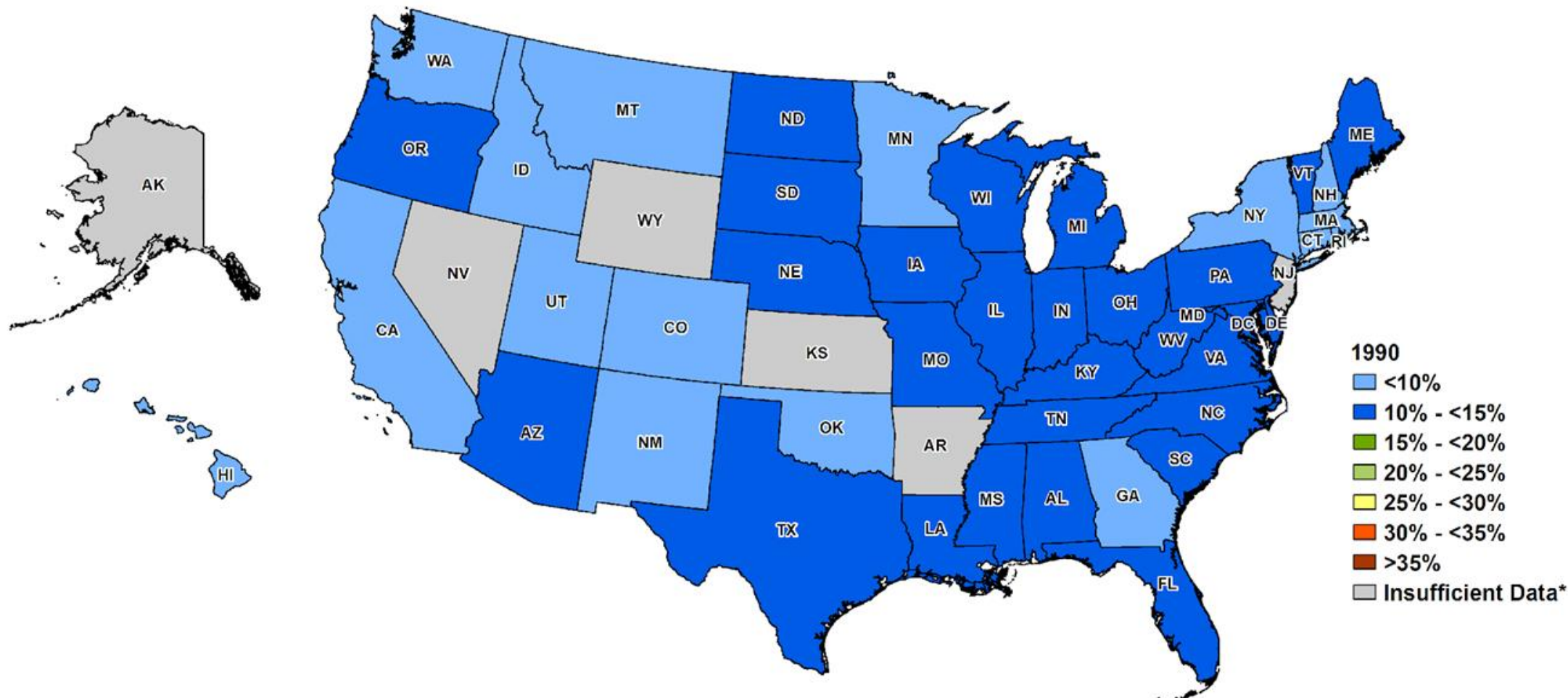
*BMI ≥ 30 , or ~ 30 lbs overweight for a 5'4" woman



Obesity Trends Among U.S. Adults 1990



*BMI ≥ 30 , or ~ 30 lbs overweight for a 5'4" woman



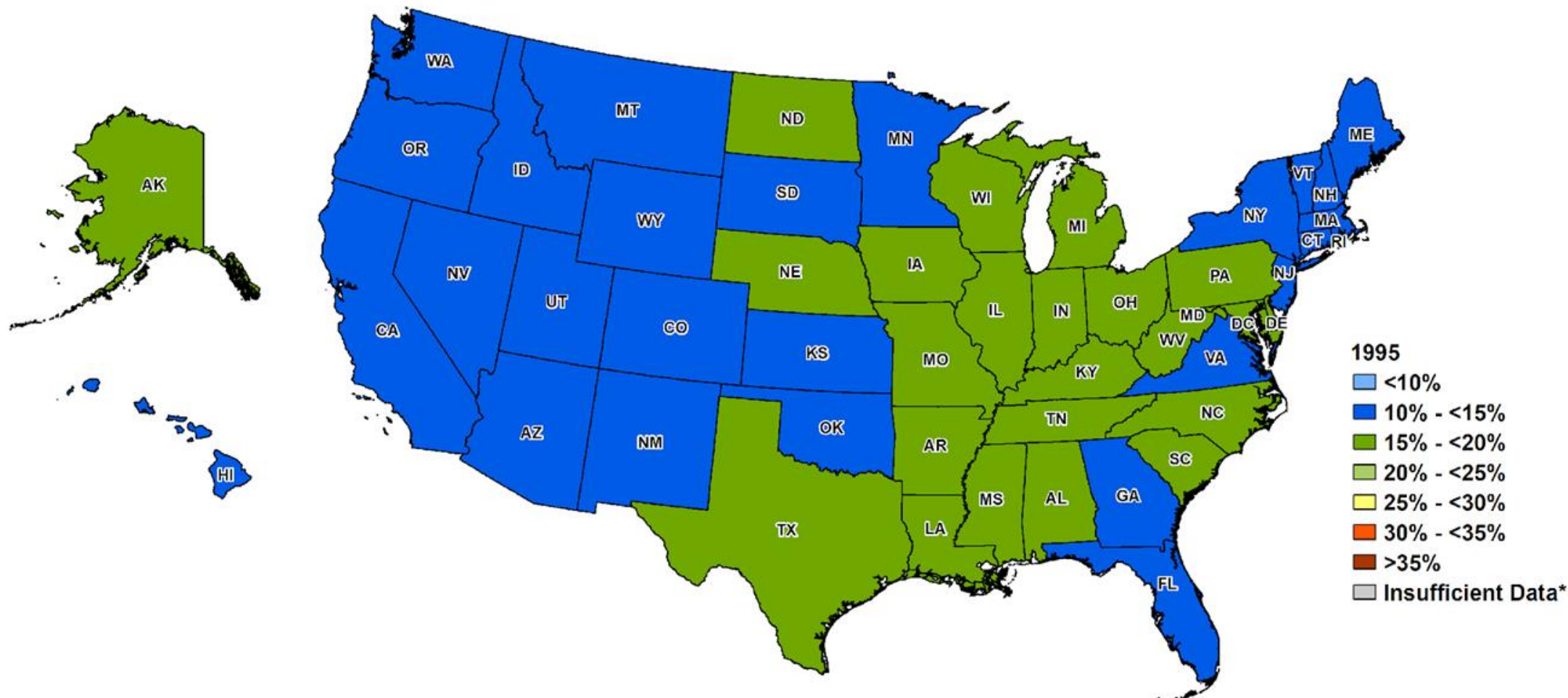
Obesity Trends Among U.S. Adults 1995



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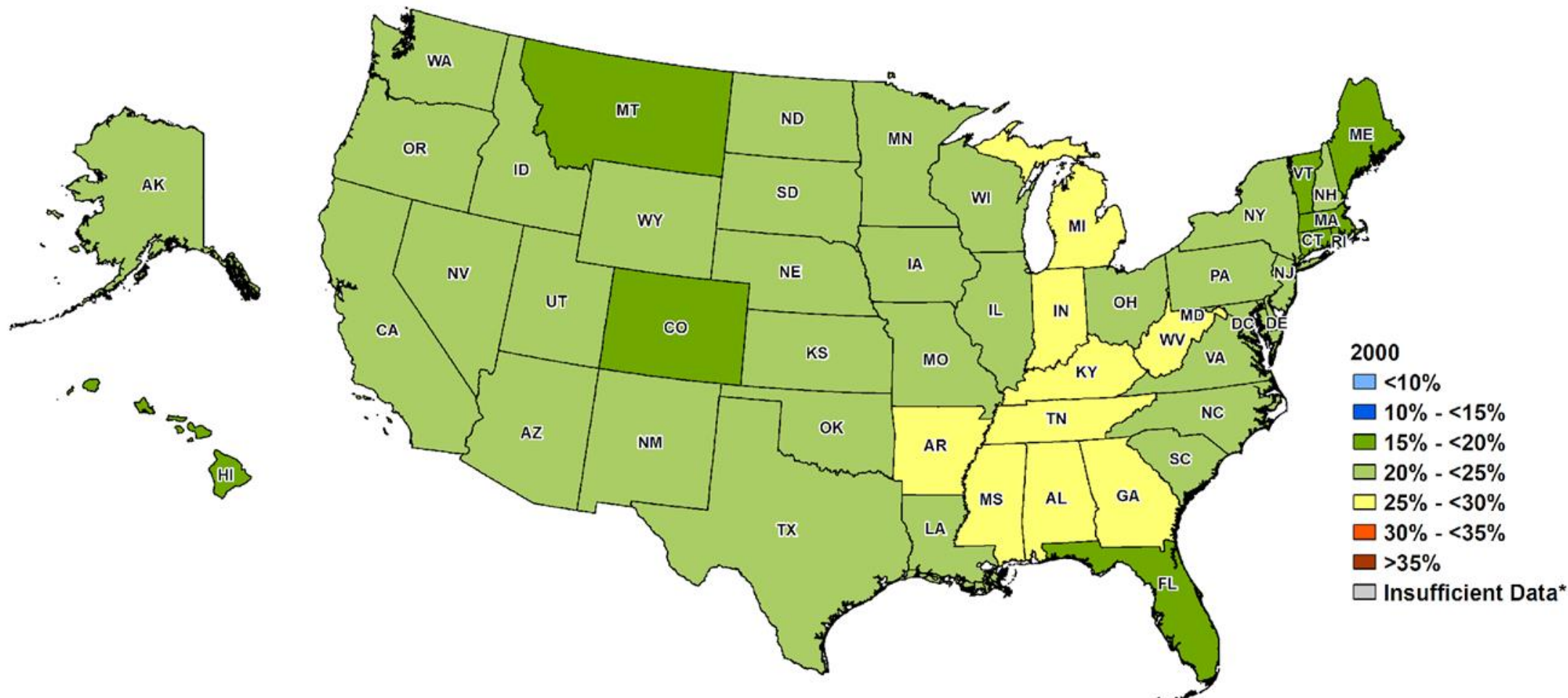
*BMI ≥ 30 , or ~ 30 lbs overweight for a 5'4" woman



Obesity Trends Among U.S. Adults 2000



*BMI ≥ 30 , or ~ 30 lbs overweight for a 5'4" woman



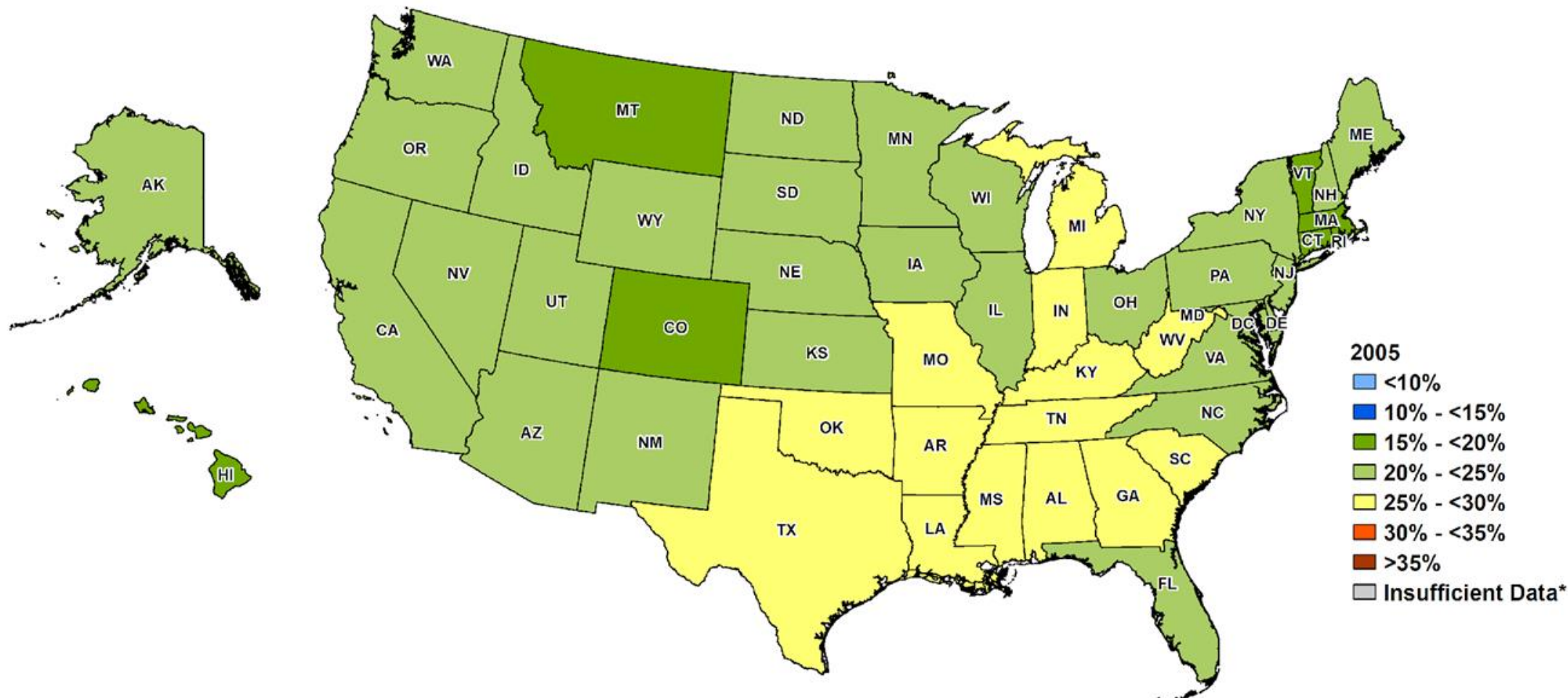
Obesity Trends Among U.S. Adults 2005



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*BMI ≥ 30 , or ~ 30 lbs overweight for a 5'4" woman



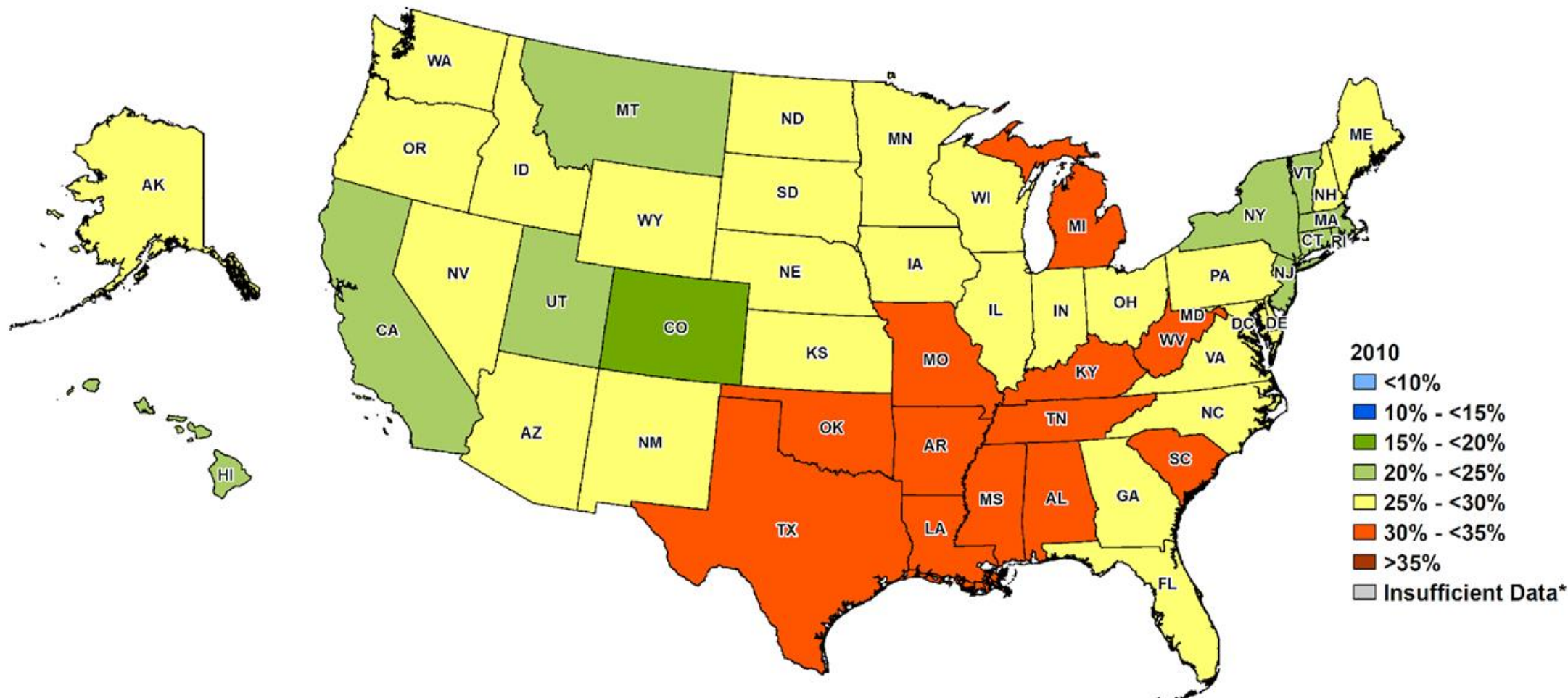
Obesity Trends Among U.S. Adults 2010



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*BMI ≥ 30 , or ~ 30 lbs overweight for a 5'4" woman



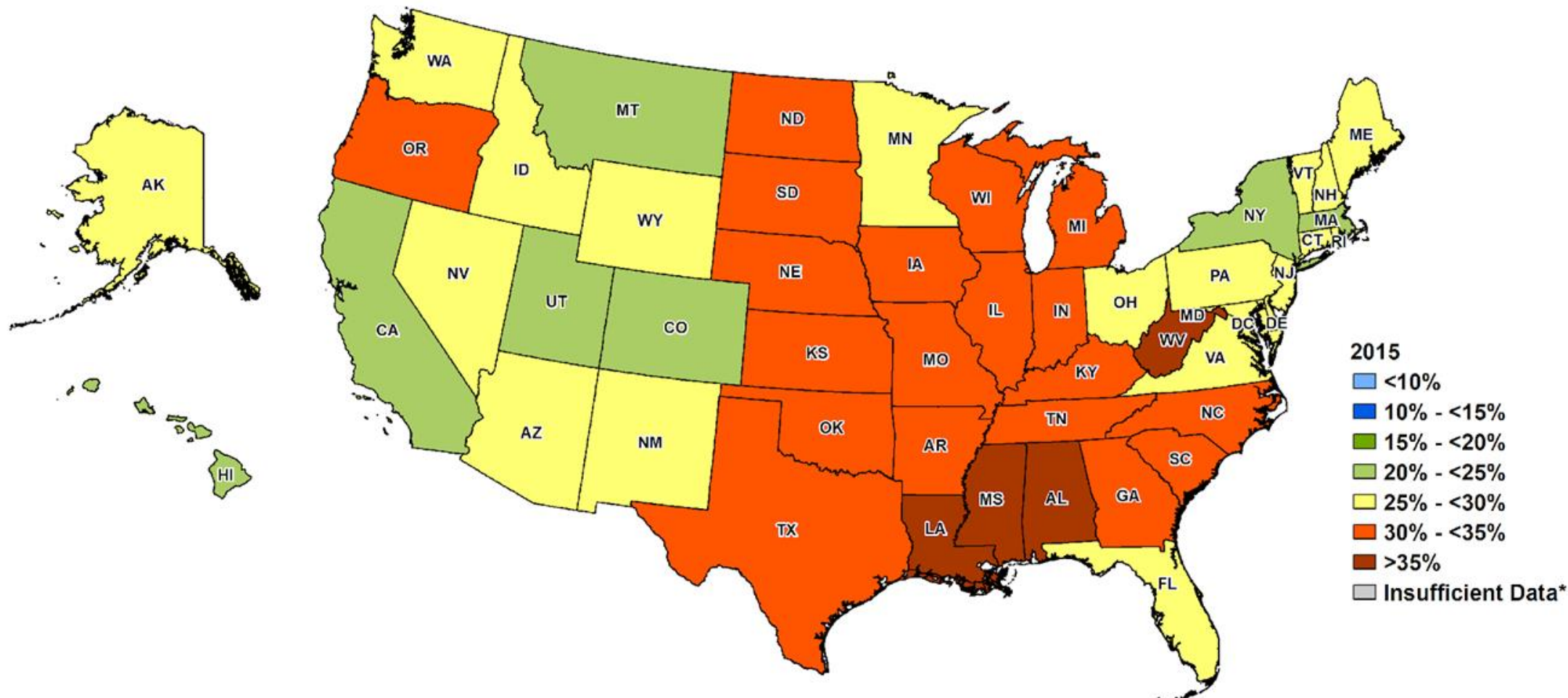
Obesity Trends Among U.S. Adults 2015



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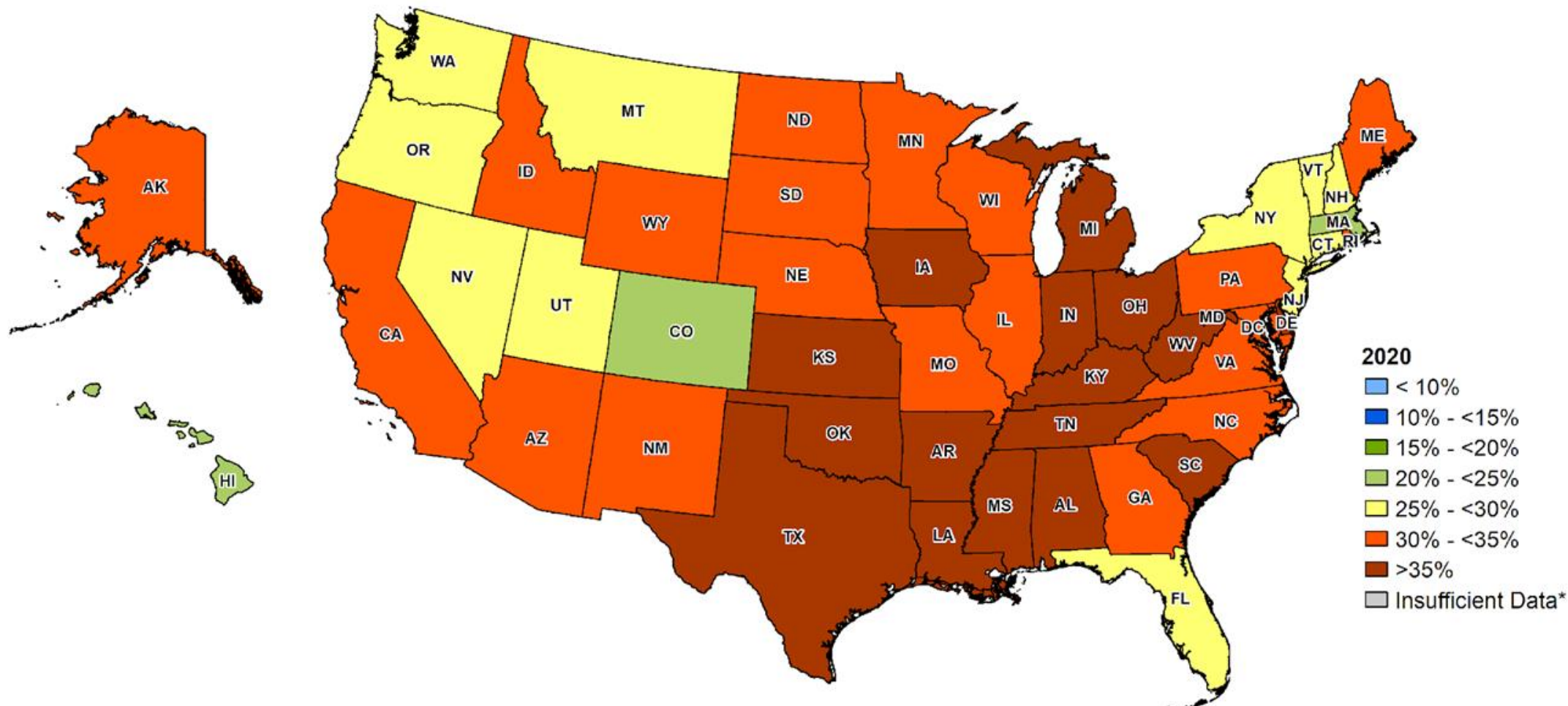
*BMI ≥ 30 , or ~ 30 lbs overweight for a 5'4" woman



Obesity Trends Among U.S. Adults 2020



*BMI ≥ 30 , or ~ 30 lbs overweight for a 5'4" woman

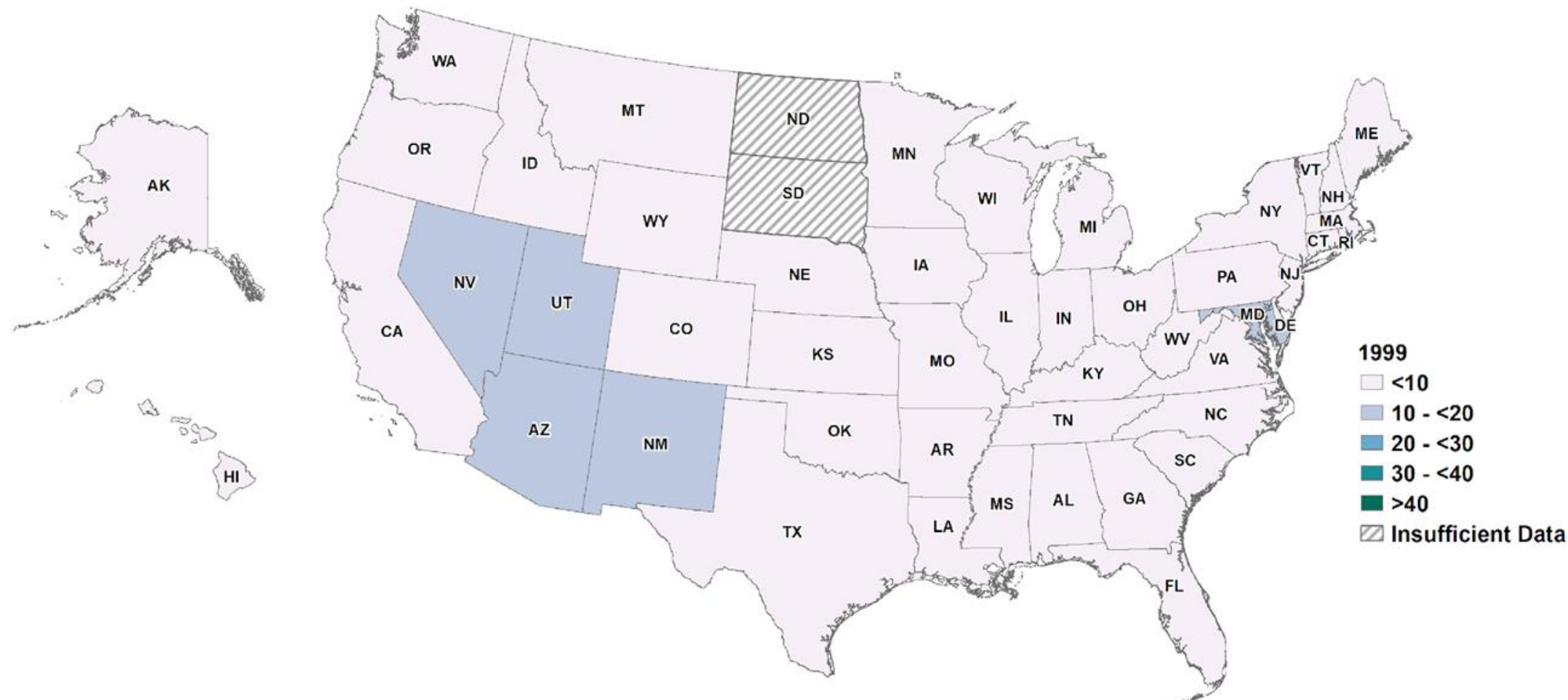


Drug Overdose Mortality Rates 1999

(per 100,000 population)



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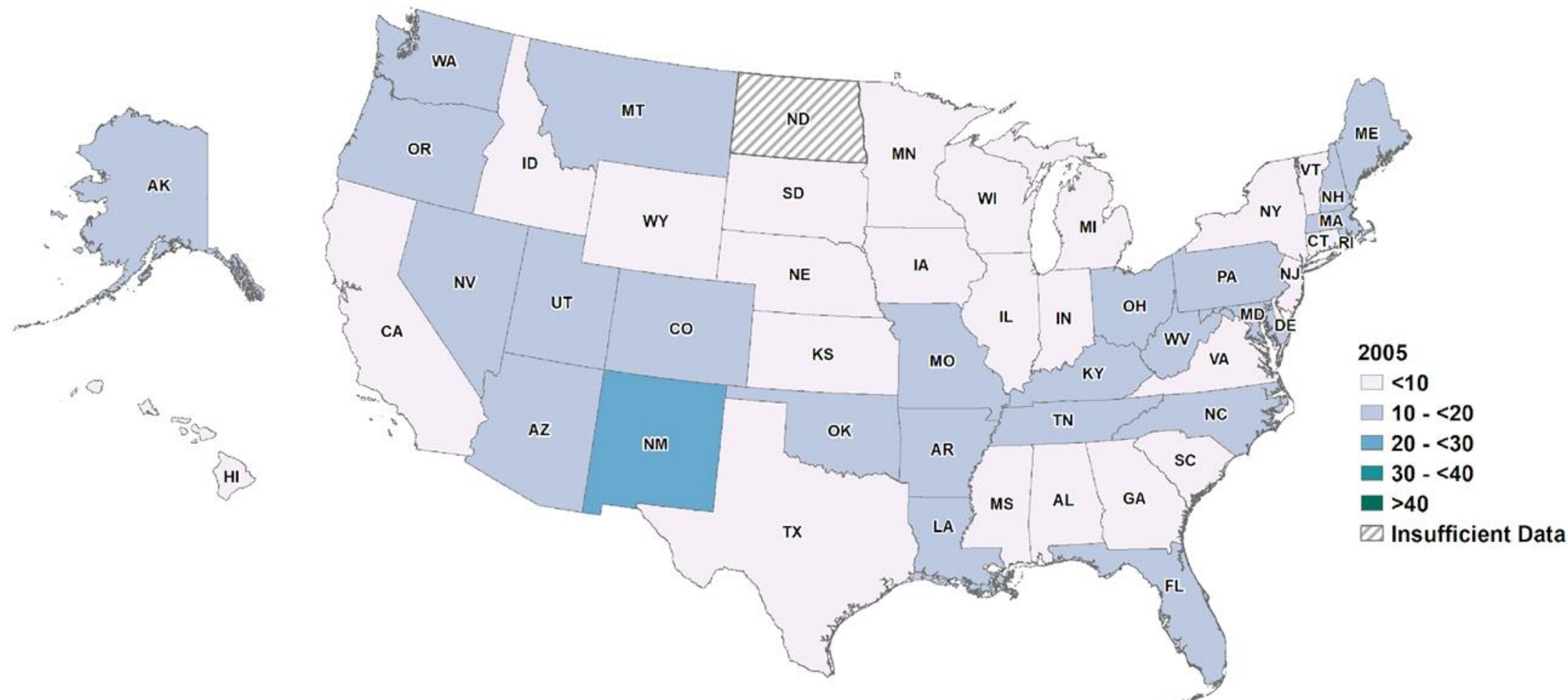


Drug Overdose Mortality Rates 2005

(per 100,000 population)



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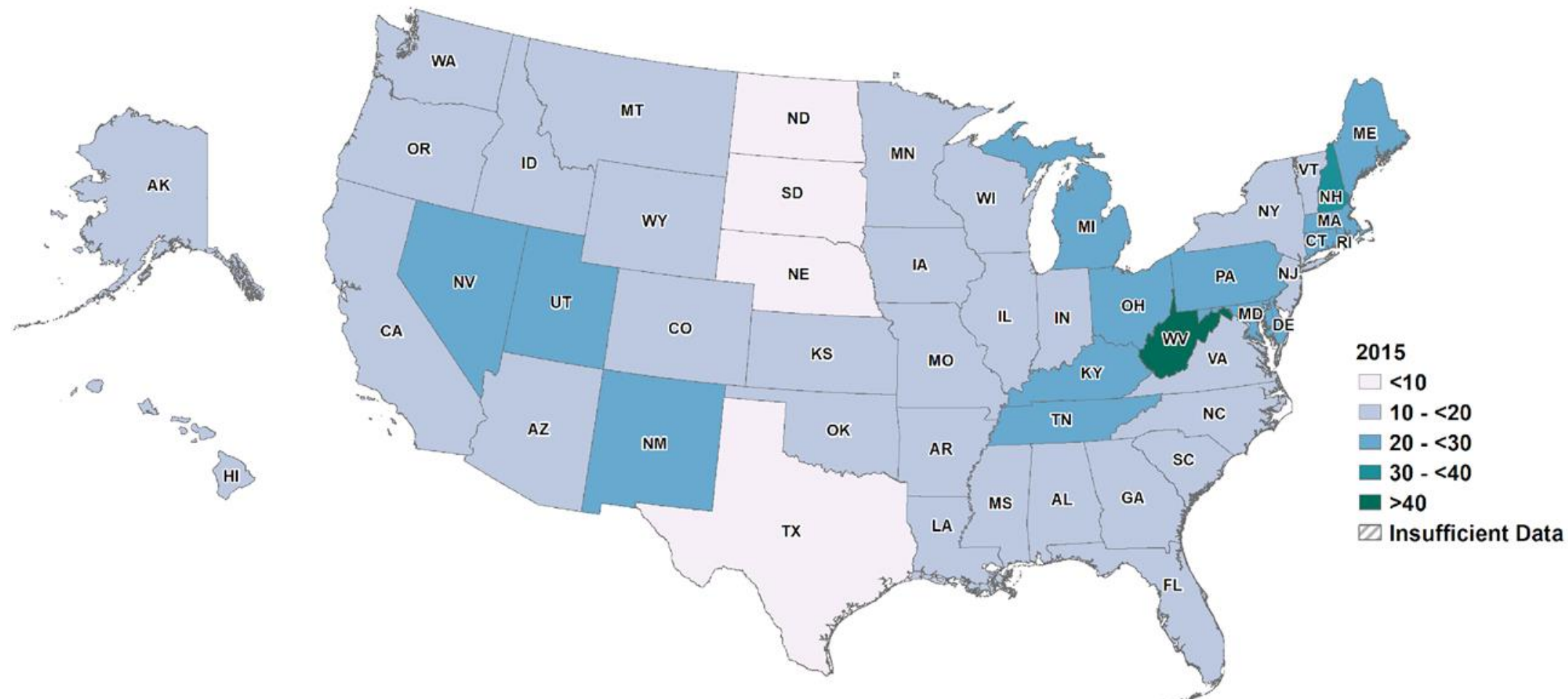


Drug Overdose Mortality Rates 2015

(per 100,000 population)

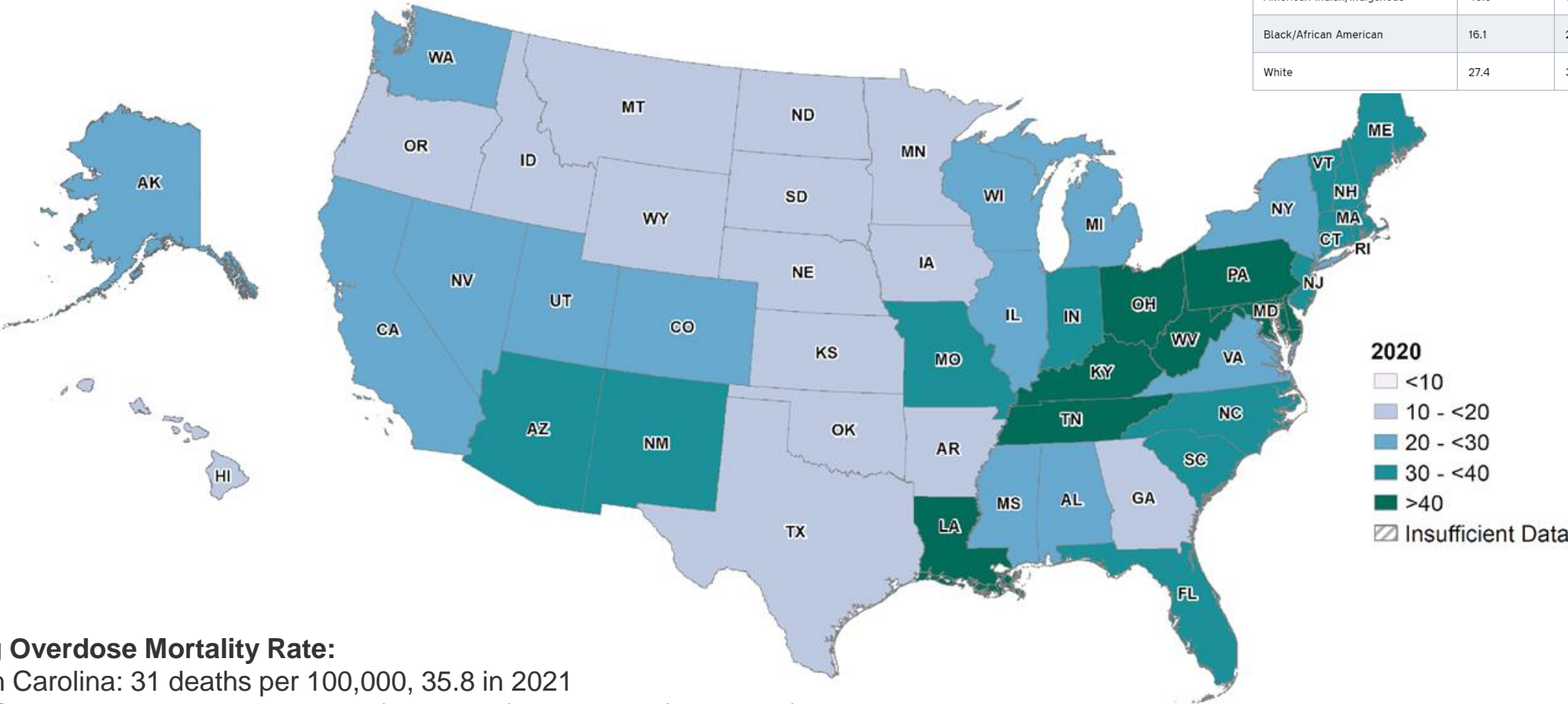


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Drug Overdose Mortality Rates 2020

(per 100,000 population)



Overdose Death Rates by Year and Race. *Deaths per 100,000 residents; Non-Hispanic

	2019 rate	2020 rate	Increase
American Indian/Indigenous	43.3	83.6	93%
Black/African American	16.1	26.7	66%
White	27.4	36.1	32%

Drug Overdose Mortality Rate:
North Carolina: 31 deaths per 100,000, 35.8 in 2021
Lee County: 53 deaths per 100,000 (33 deaths), 55 in 2021(34 deaths)

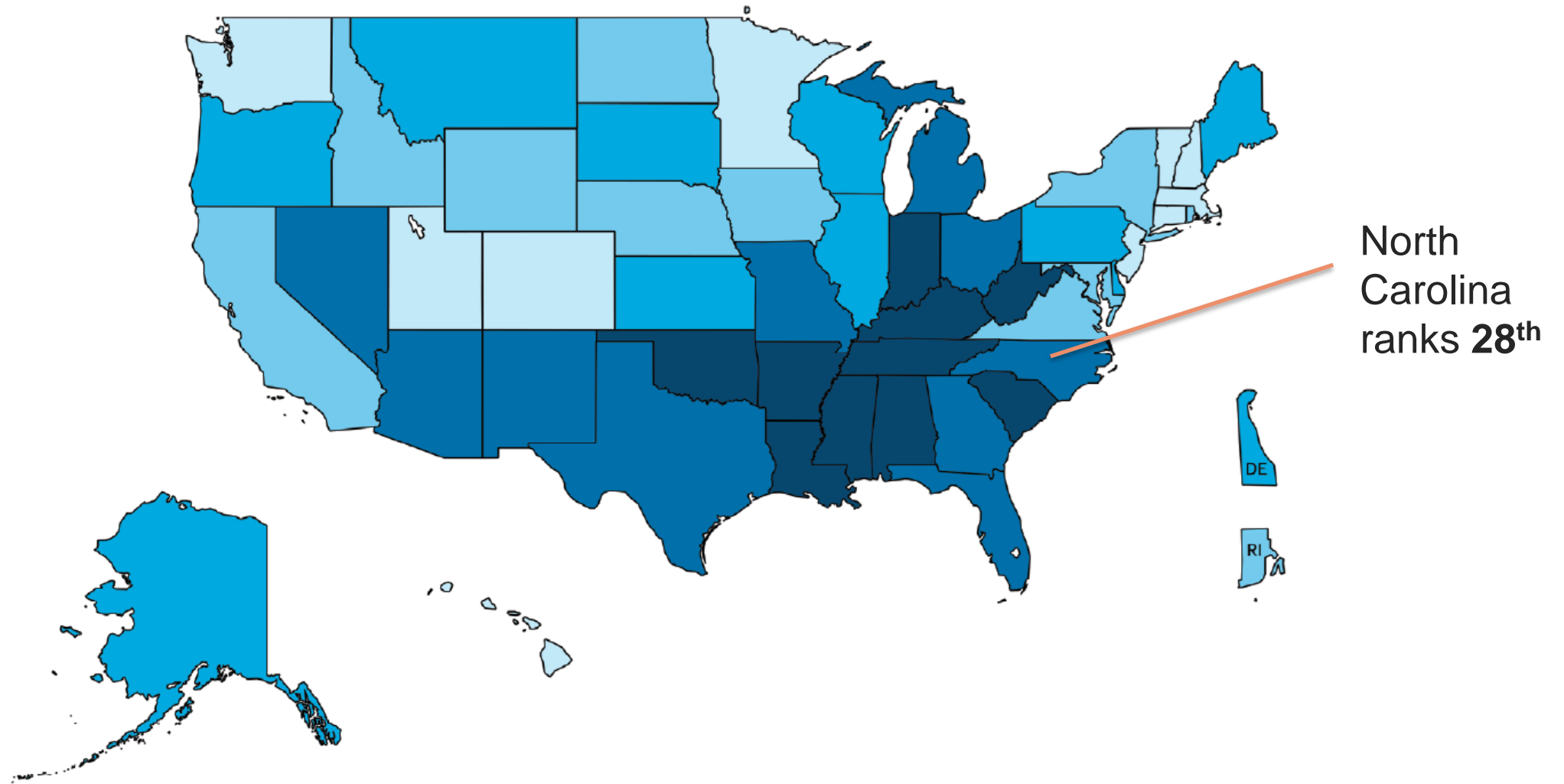
America's Health Rankings



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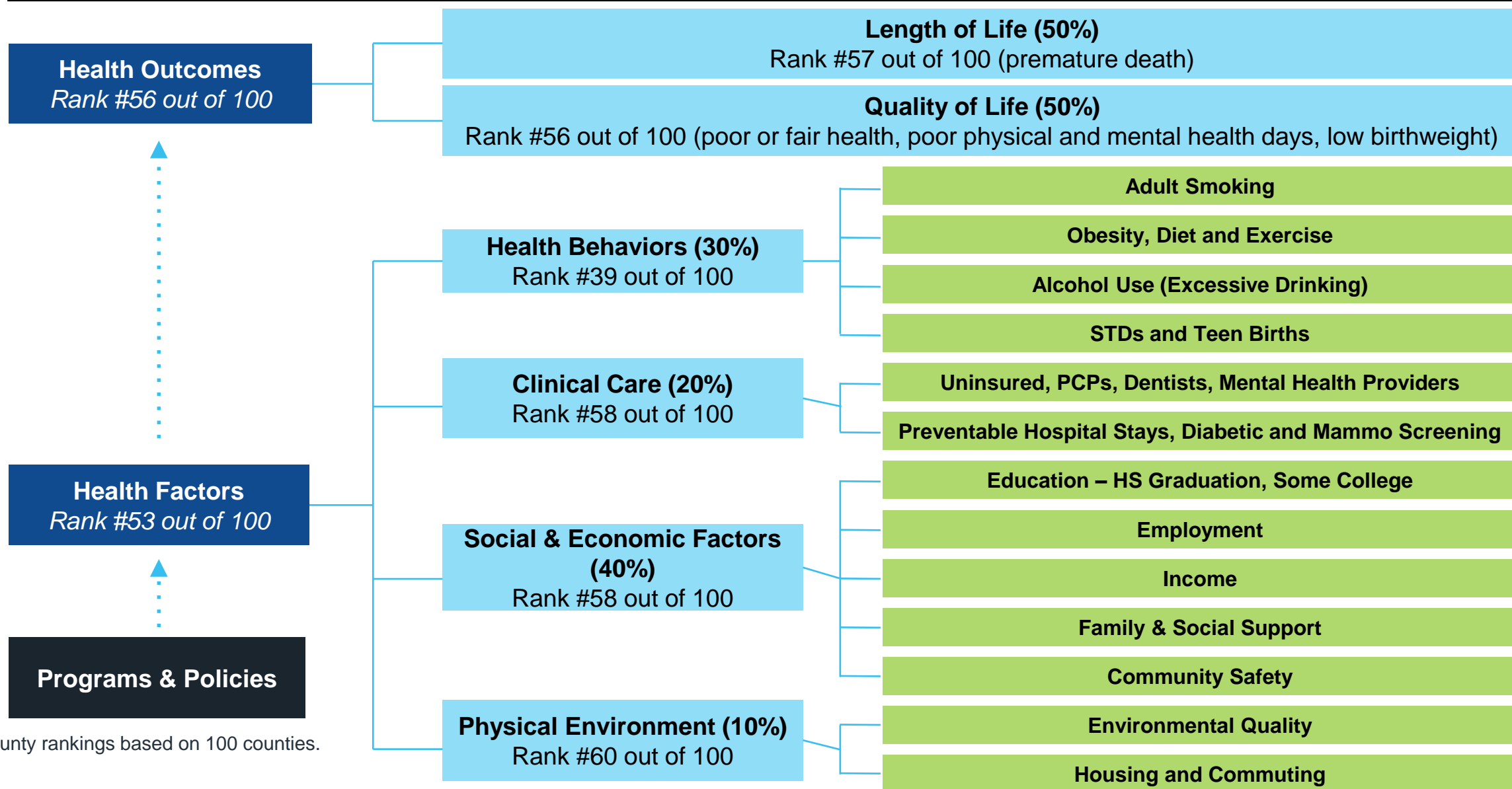
1 to 10 11 to 20 21 to 30 31 to 40 41 to 50



Lee County, NC Health Rankings

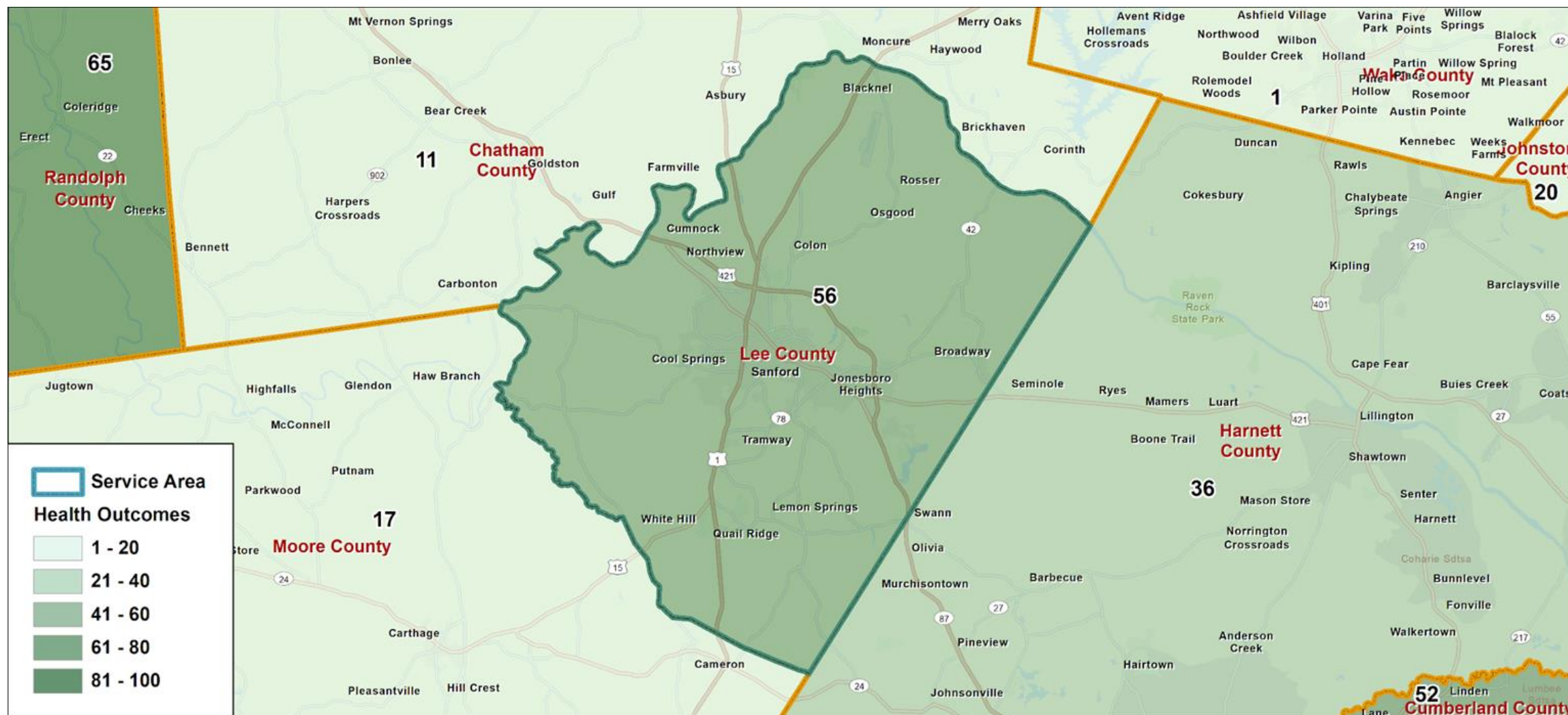


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NC county rankings based on 100 counties.

Health Outcome Rankings - North Carolina



NC county rankings based on 100 counties.



Contiguous Counties Health Rankings & Measures

	Lee	Chatham	Harnett	Moore	Wake
Health Outcomes	56	11	36	17	1
Length of Life	57	14	37	26	1
Quality of Life	56	9	34	11	1
Health Factors	53	3	50	6	2
Health Behaviors	39	3	32	10	1
Clinical Care	58	9	87	5	3
Social & Economic Factors	58	11	40	8	2
Physical Environment	60	31	81	87	93
Adult smoking	20%	16%	20%	17%	13%
Adult obesity	35%	31%	37%	31%	28%
Uninsured	16%	14%	15%	12%	10%
Preventable hospital stays	4,984	2,437	5,131	3,498	3,175
High school completion	85%	89%	88%	92%	93%

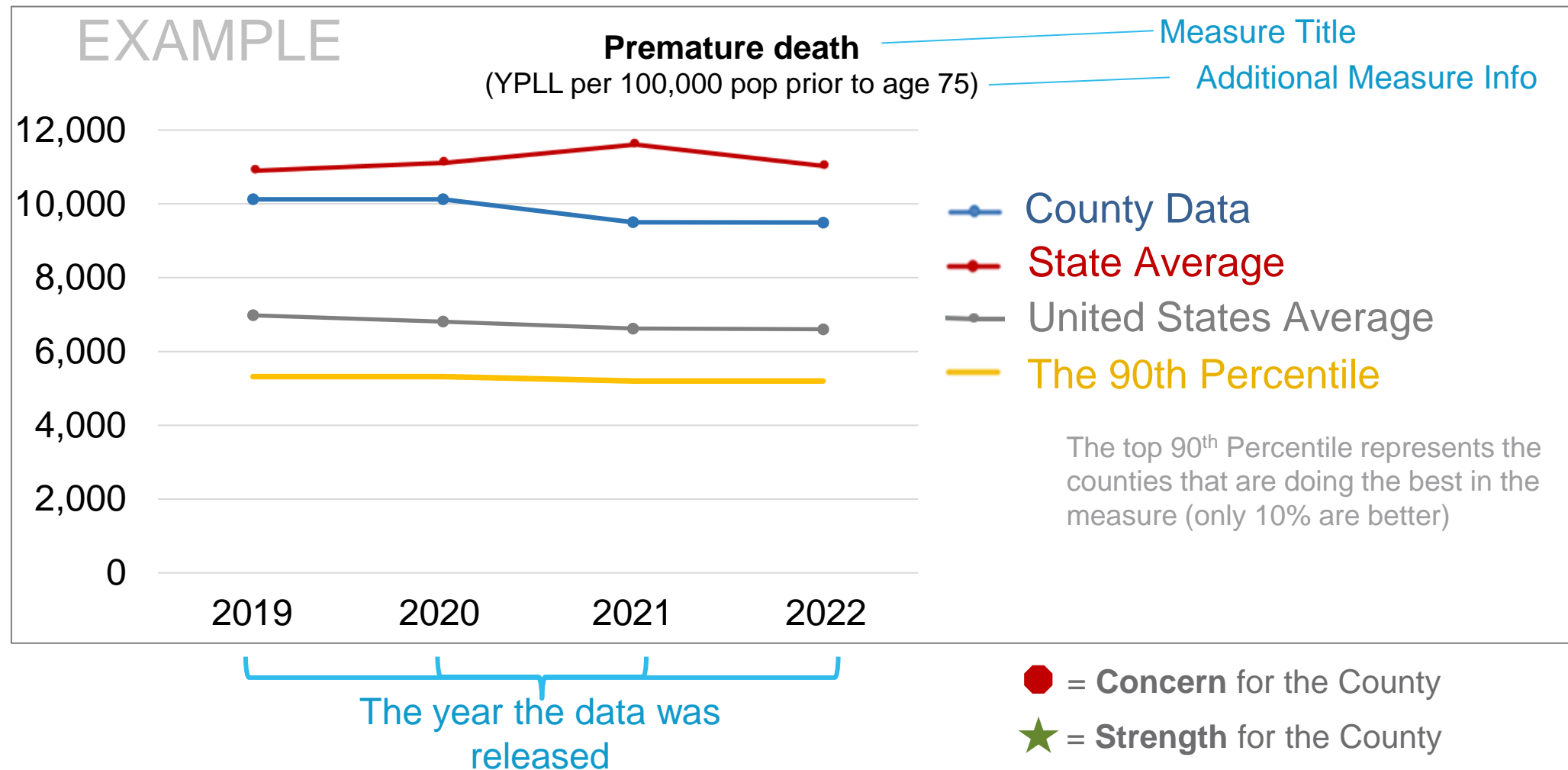
Ranks out
of 100 NC
counties

Red = Concern

Health Measure Trend Charts – How to read the next charts

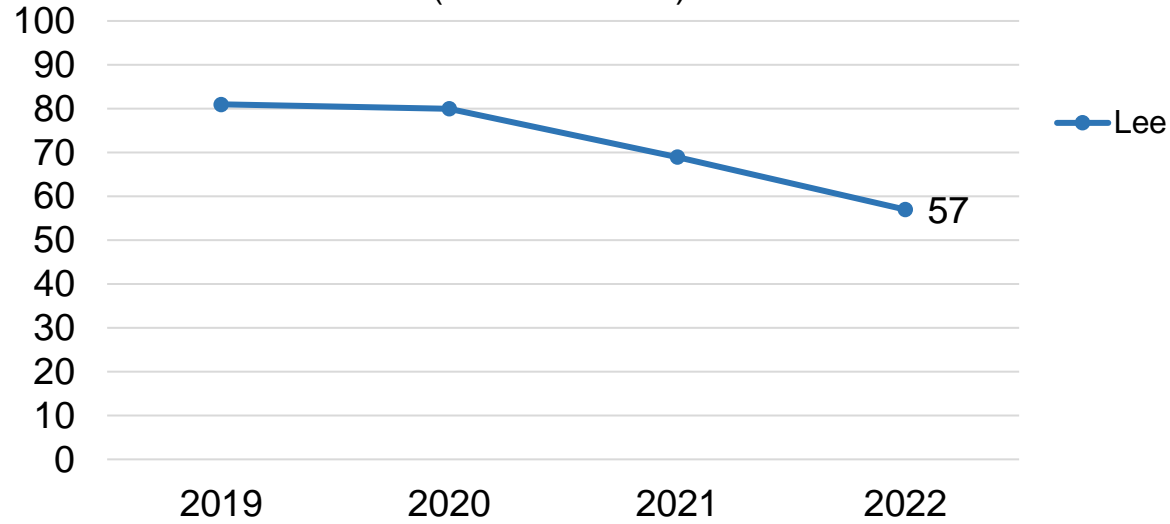


A brief explanation of the health measure trend charts



Length of Life Rank

Length of Life Ranking (lower is better)



Life Expectancy

(Average number of years a person can expect to live)

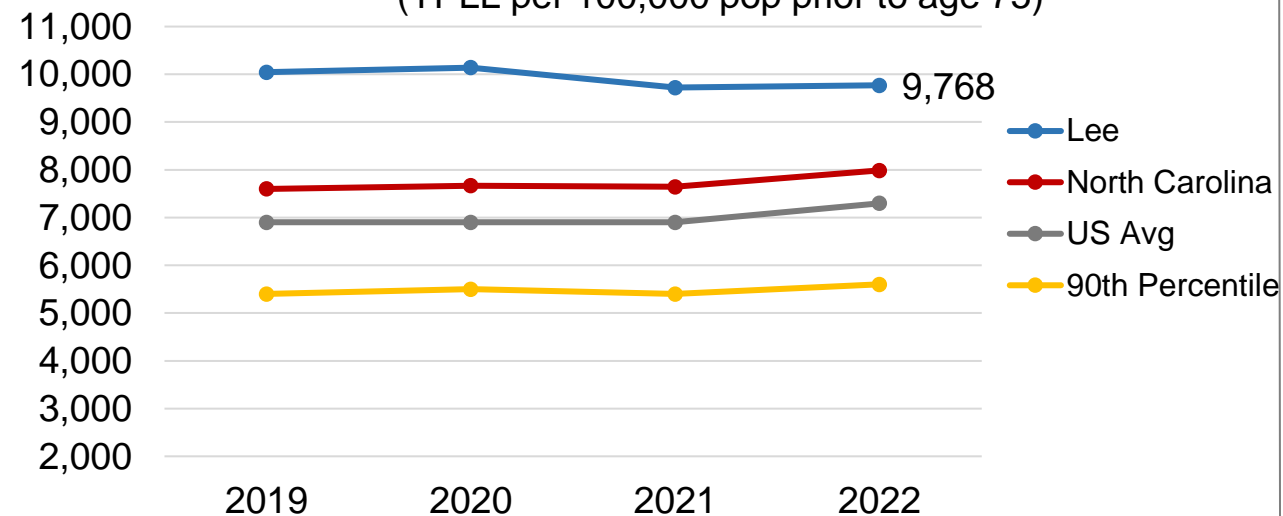
	2018-2020
Lee County	76.3
North Carolina	77.7
US Avg*	77.0
90th Percentile	80.6

Lee County	2018-2020
American Indian & Alaska Native	NR
Asian	NR
Black	73.1
Hispanic	82.9
White	75.5

*Due to impacts of COVID, life expectancy in the US decreased 1.8 years from 2019.

Premature death

(YPLL per 100,000 pop prior to age 75)



Premature death by race/ethnicity

(YPLL per 100,000 pop prior to age 75)

Lee County	2018-2020
American Indian & Alaska Native	NR
Asian	NR
Black	12,500
Hispanic	5,800
White	8,300



Leading Causes of Death per 100,000 Population 2020

Cause of Death	Lee County	North Carolina	US
Heart Disease	157.2	156.2	168.2
Cancer	156.8	148.8	144.1
COVID-19*	58.4	60.4	85
Accidents (Unintentional Injuries)	70.8	67.1	57.6
Strokes	47.9	44.4	38.8
Respiratory Diseases	42.3	38.5	36.4
Alzheimer's	45.7	37.5	32.4
Diabetes	28.8	26.9	24.8
Liver Disease	17.4	12.9	13.3
Influenza and Pneumonia	11.4	14.0	13
Nephritis, nephrosis	13.6	15.9	12.7
Hypertension	7.4	9.5	10.1
Parkinson Disease	8.6	9.8	9.9
Septicemia	9.0	12.2	9.7

Age-adjusted rates per 100,000 population.

Lee County data combined from 2019-2020. US and NC data from 2020

Rates that appear in red for a county denote a higher value compared to state data.

Age Adjustment Uses 2000 Standard Population.

* COVID-19 Data from 2020

Leading Cause of Death in Lee County Analysis



As of 2020, the leading cause of death in Lee County is heart disease and cancer. Lee County is slightly above in value compared to the state value meaning heart disease and cancer are more experienced by residents in Lee County.

Heart disease is often correlated to individual environment and lifestyle choices. Lee County is a rural area working toward providing equitable access to healthier foods. If an individual lives within a more rural area of Lee County with little access to fresh foods, they face more difficulties in achieving better health outcomes.

Most age-adjusted rates for causes of death in Lee County are slightly above identified state rates. This includes unintentional injuries, strokes, respiratory diseases, Alzheimer's, diabetes, liver disease, and nephritis/nephrosis.



Leading Causes of Death by Race/Ethnicity and Sex

NC 2016-2020 & Lee County 2016-2020

Cause of Death	NC Total	Lee Co Total	NC White	Lee Co White	NC Black	Lee Co Black	NC Hispanic	Lee Co Hispanic	NC Male	Lee Co Male	NC Female	Lee Co Female
Heart Disease	156.1	157.0	153.7	150.4	181.0	196.2	65.9	101.5	200.0	211.1	121.4	114.3
Cancer	152.4	164.8	153.7	154.9	176.1	209.7	81.1	N/A	187.2	209.8	131.3	130.6
Accidents (Unintentional Injuries)	58.3	71.6	64.5	72.3	50.2	77.7	32.5	44.6	80.2	105.7	38.0	39.0
Strokes	42.7	42.6	40.3	38.6	55.3	64.5	23.8	N/A	43.8	45.1	41.0	40.0
Respiratory Diseases	42.5	41.0	47.1	45.8	28.9	N/A	9.0	N/A	47.0	40.1	39.6	41.8
Alzheimer's	37.4	43.9	38.1	46.9	36.5	N/A	21.3	N/A	28.6	28.3	42.5	53.4
Diabetes	24.5	30.4	20.3	19.5	45.0	78.0	15.4	N/A	31.0	36.7	19.3	25.3
Nephritis, nephrosis	16.4	15.2	13.1	11.6	32.5	33.6	9.9	N/A	19.5	20.6	14.2	11.7
Influenza and Pneumonia	15.7	10.8	15.9	10.7	16.2	N/A	6.0	N/A	18.1	14.2	14.0	N/A
Suicide	13.4	12.7	17.1	14.2	5.9	N/A	5.5	N/A	21.5	23.0	6.0	N/A
COVID-19*	12.8	12.2	10.5	8.7	19.8	N/A	22.8	N/A	15.9	16.0	10.4	N/A
Septicemia	12.5	10.5	11.7	10.5	17.4	N/A	5.6	N/A	13.8	N/A	11.5	10.1
Liver Disease	11.1	16.2	12.5	18.4	7.7	N/A	7.9	N/A	14.8	22.4	7.9	10.6
Homicide	7.3	11.4	3.2	N/A	19.6	36.9	4.0	N/A	11.9	18.9	2.9	N/A

Population groups at risk for health problems



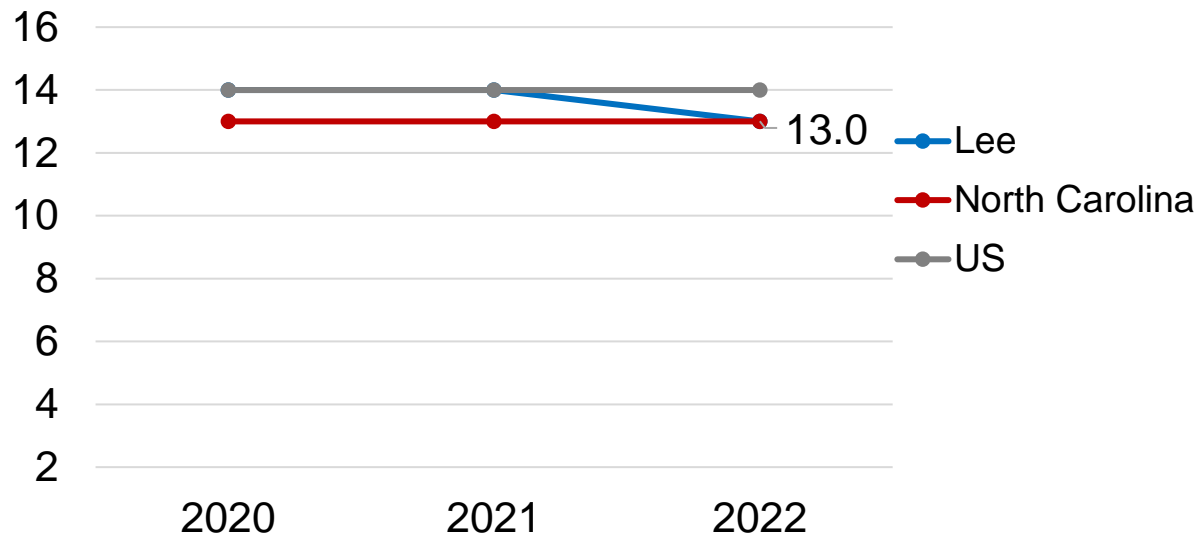
The leading causes of death in Lee County are heart disease and cancer. For the Lee County Black population, there are higher observed numbers for many listed diseases than other populations of color and state comparisons.

The Lee County Black and Hispanic population groups display “N/A” for many data entries. The absence of this data makes it difficult to grasp an understanding of the severity of health problems. Lack of data may also allude to the lower management or access to care.

Suicide rate per 100,000 Population

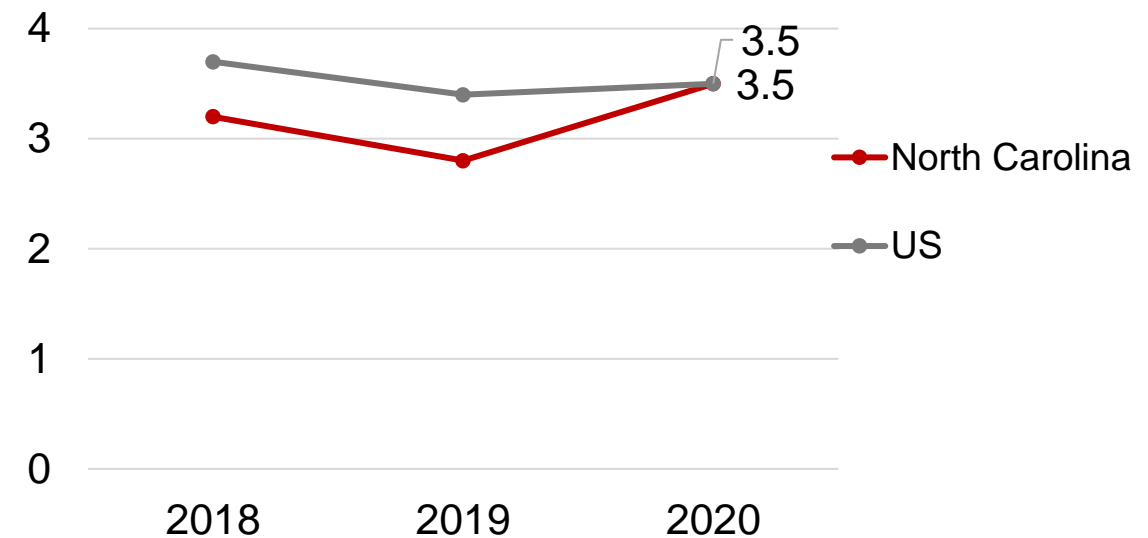


★ Suicide Rate (per 100,000 Population)



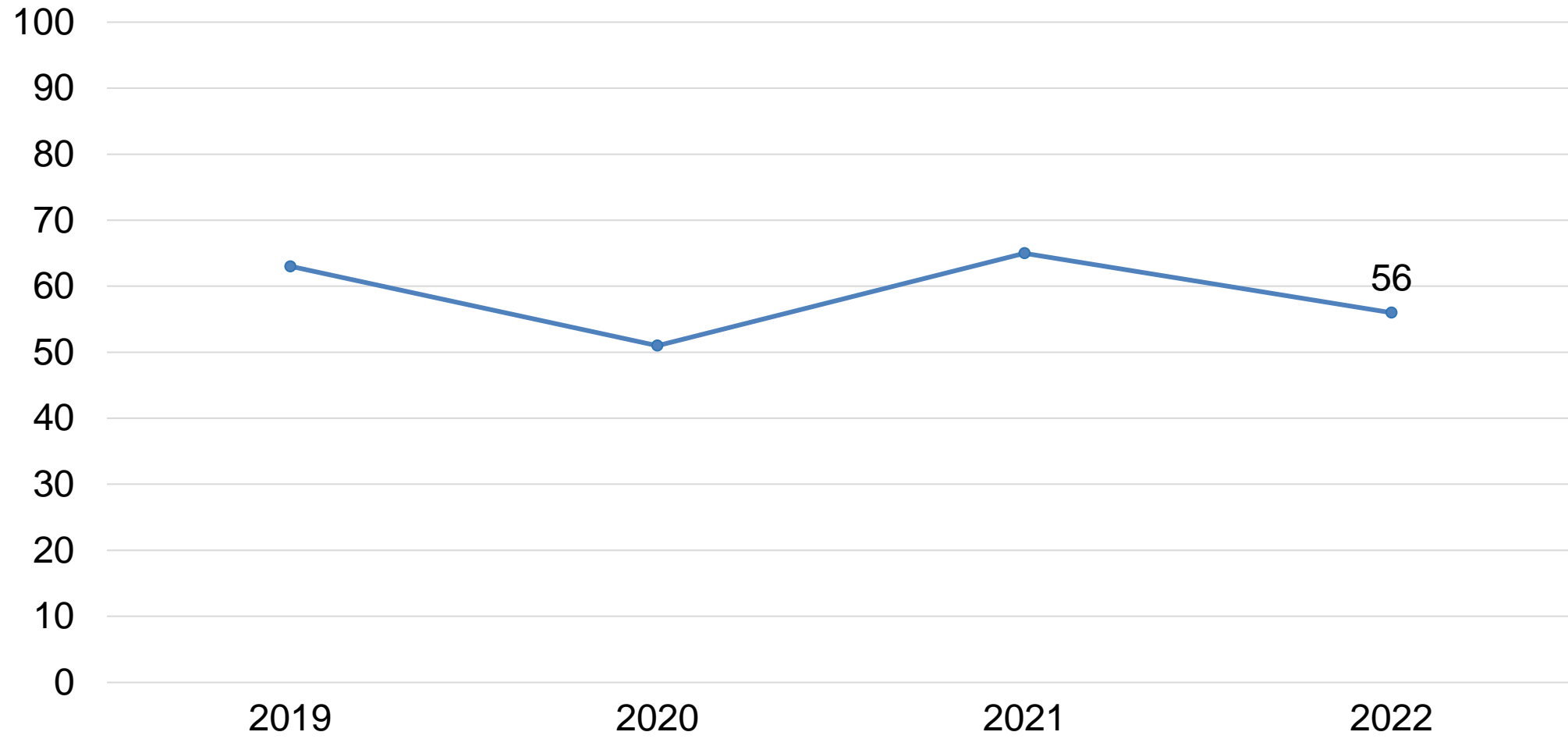
Age-adjusted rates per 100,000 population.
Lee County, NC, North Carolina, and US data are from individual years.
Age Adjustment Uses 2000 Standard Population.

Teen Suicide Rate (per 100,000 Population adolescents age 15-19)



Crude rates per 100,000 population.
North Carolina, and US data are from individual years.
Age Adjustment Uses 2000 Standard Population.

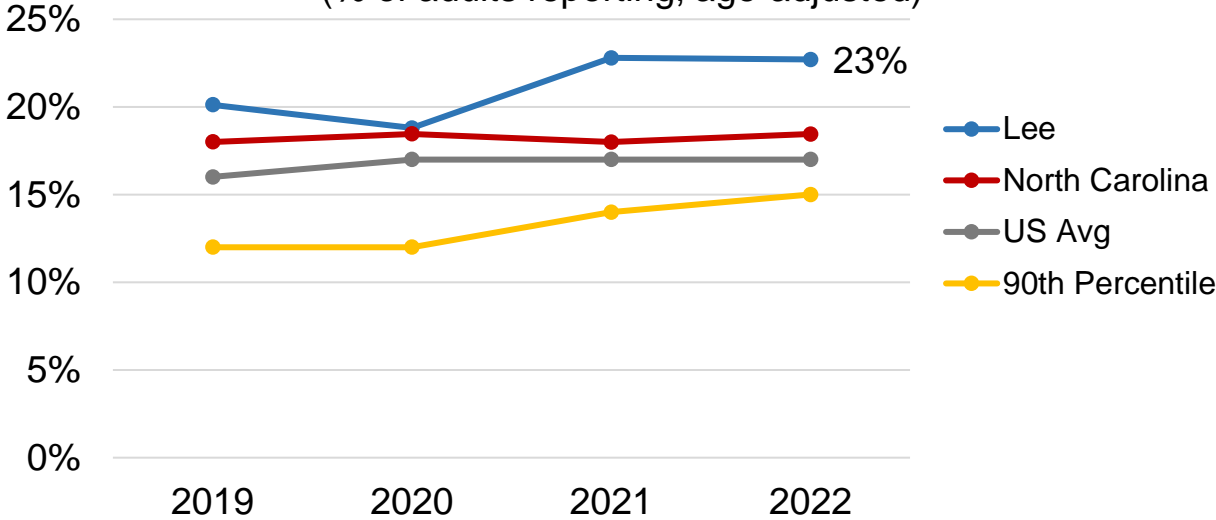
Quality of Life Ranking (lower is better)



Quality of Life Rank

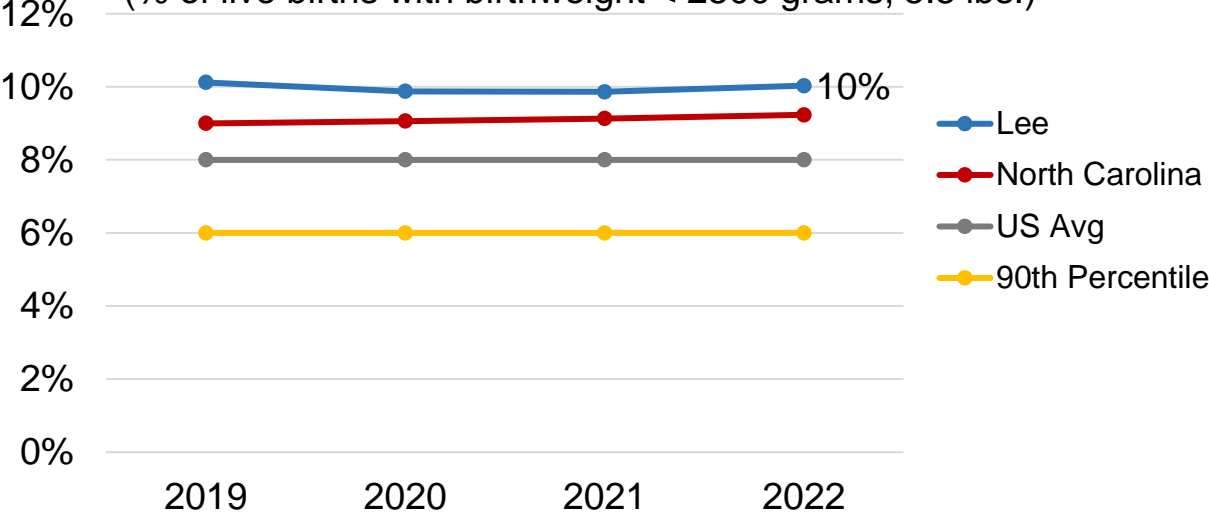
Poor or fair health*

(% of adults reporting, age-adjusted)



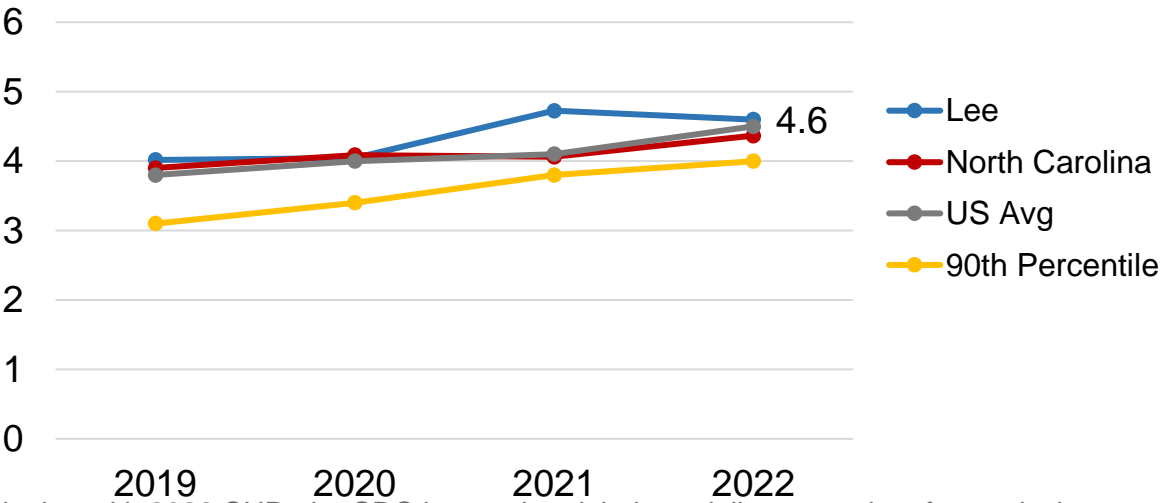
Low birthweight

(% of live births with birthweight < 2500 grams, 5.5 lbs.)



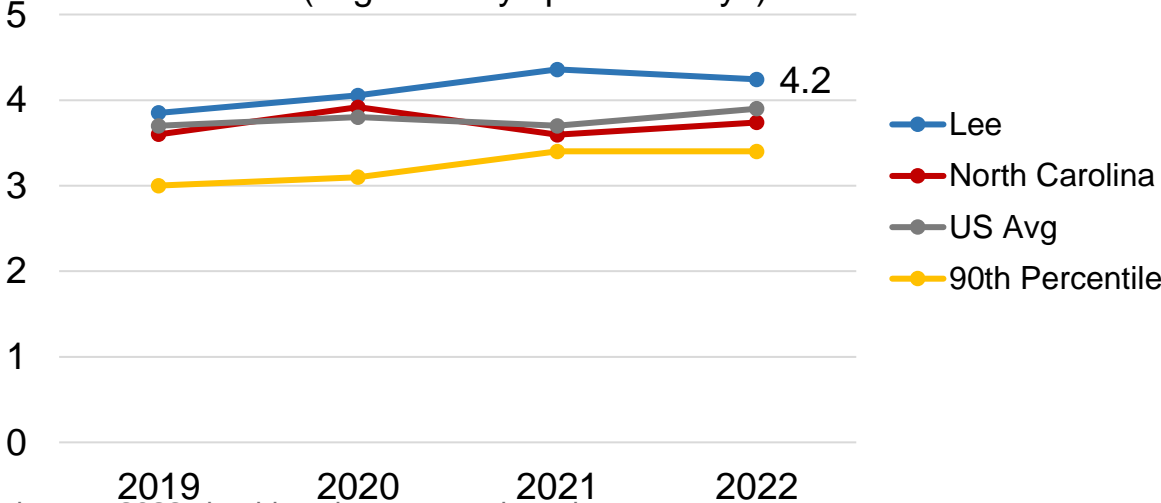
Poor mental health days*

(avg # of days past 30 days)

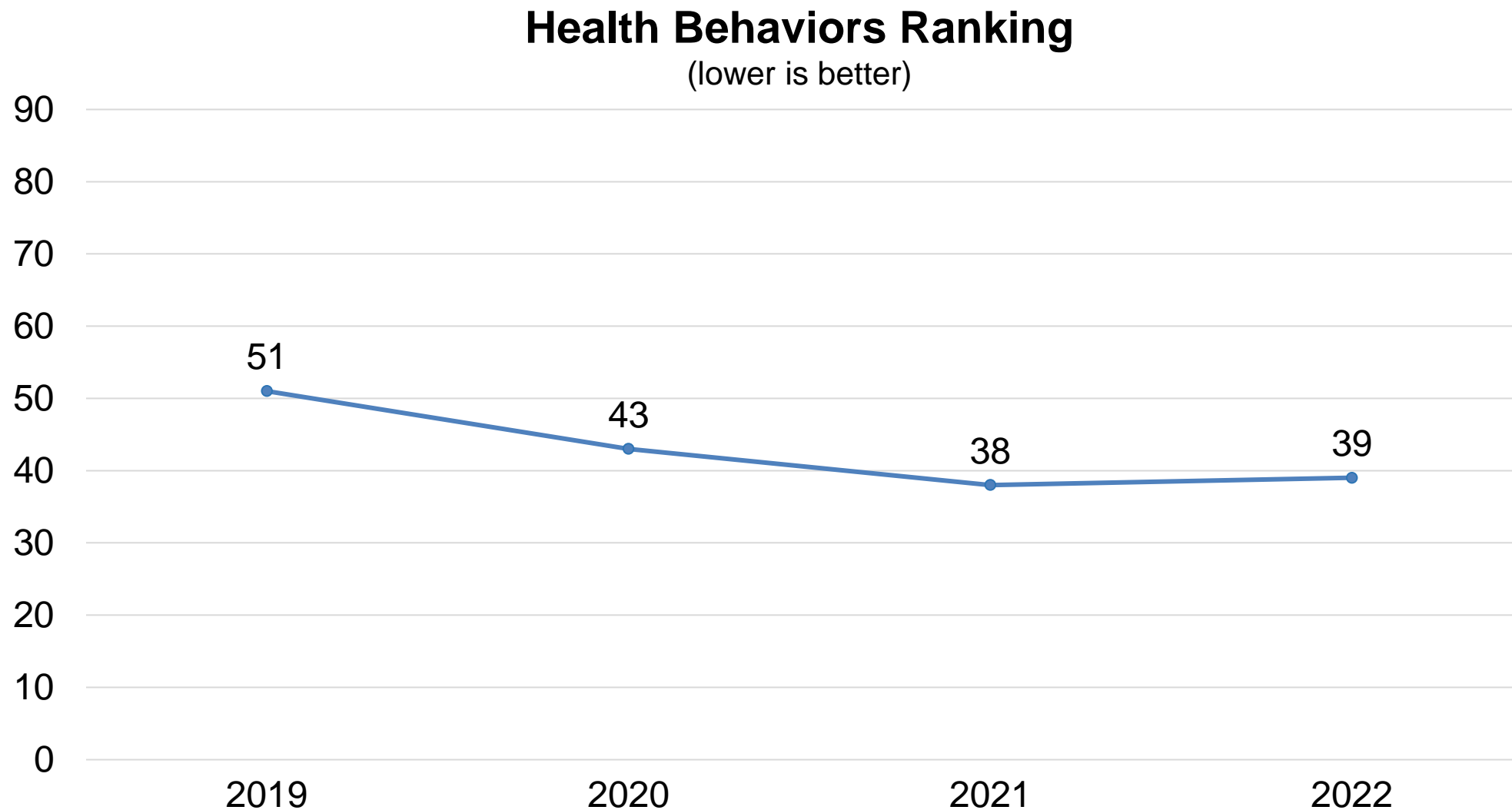


Poor physical health days*

(avg # of days past 30 days)



*Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 should not be compared to prior years.



● **Adult obesity**

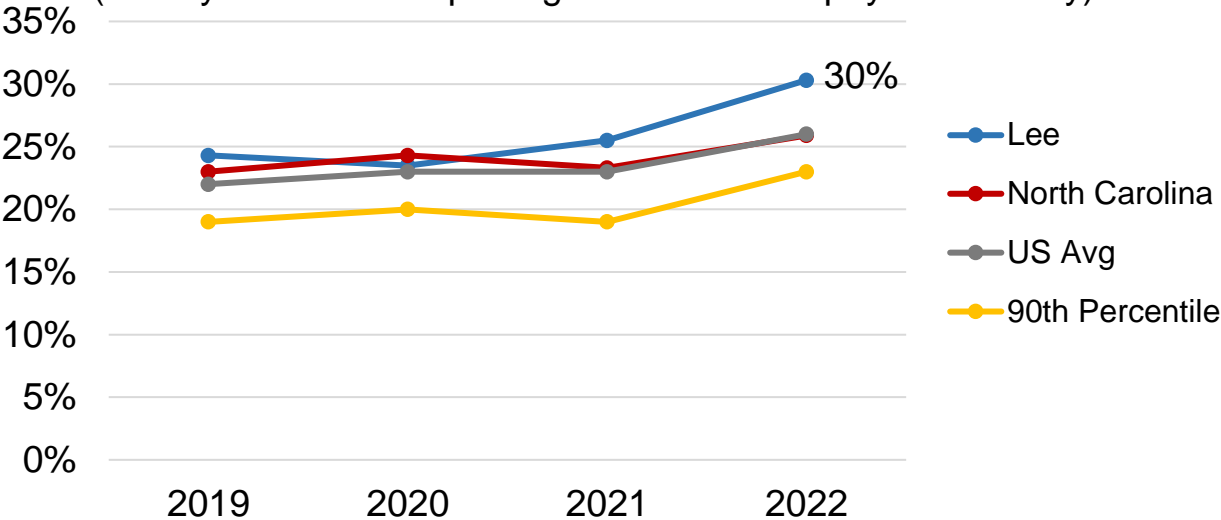
(% of adults that report a BMI of 30 or more)

2022	
Lee County	35%
North Carolina	34%
US Avg	32%
90th Percentile	30%

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

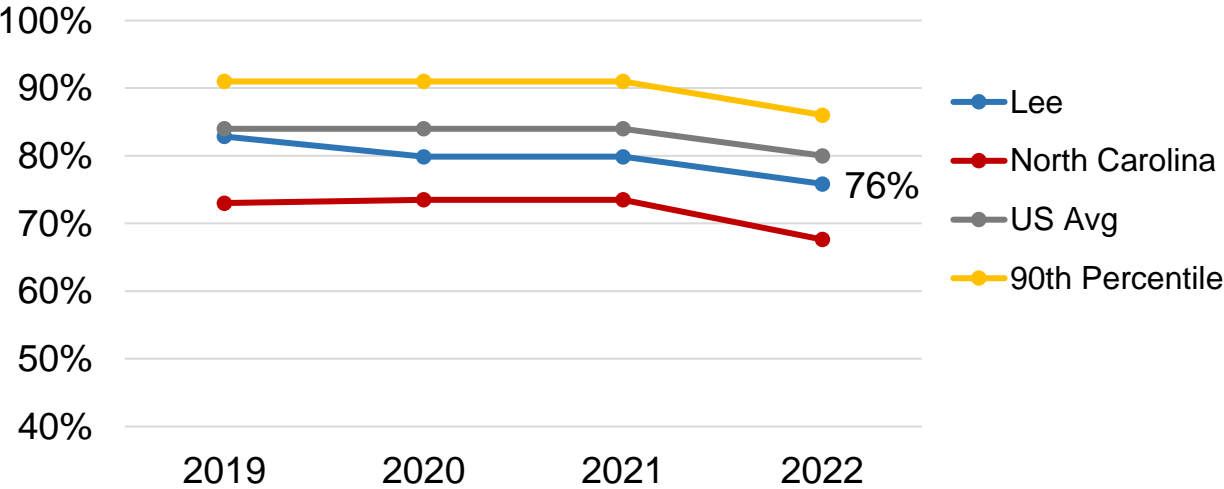
● **Physical inactivity**

(% 20 yo and older reporting no leisure time physical activity)



★ **Access to exercise opportunities**

(% of population with adequate access to locations for physical activity)



● **Adult smoking**

(% that report every day or "most days")

2022	
Lee County	20%
North Carolina	19%
US Avg	16%
90th Percentile	15%

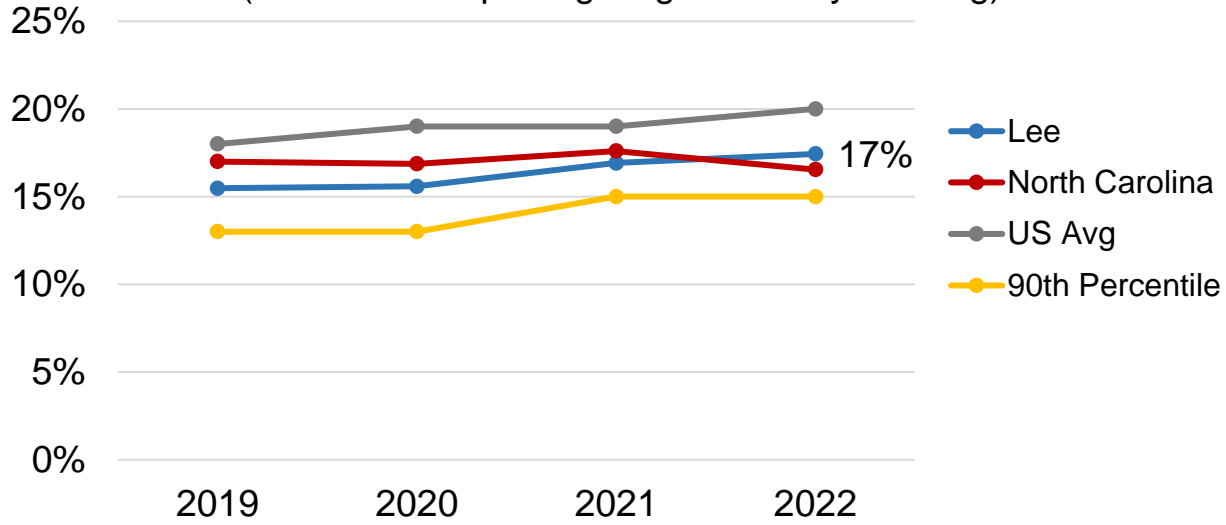
In 1965, 45% of the US smoked

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

Health Behaviors

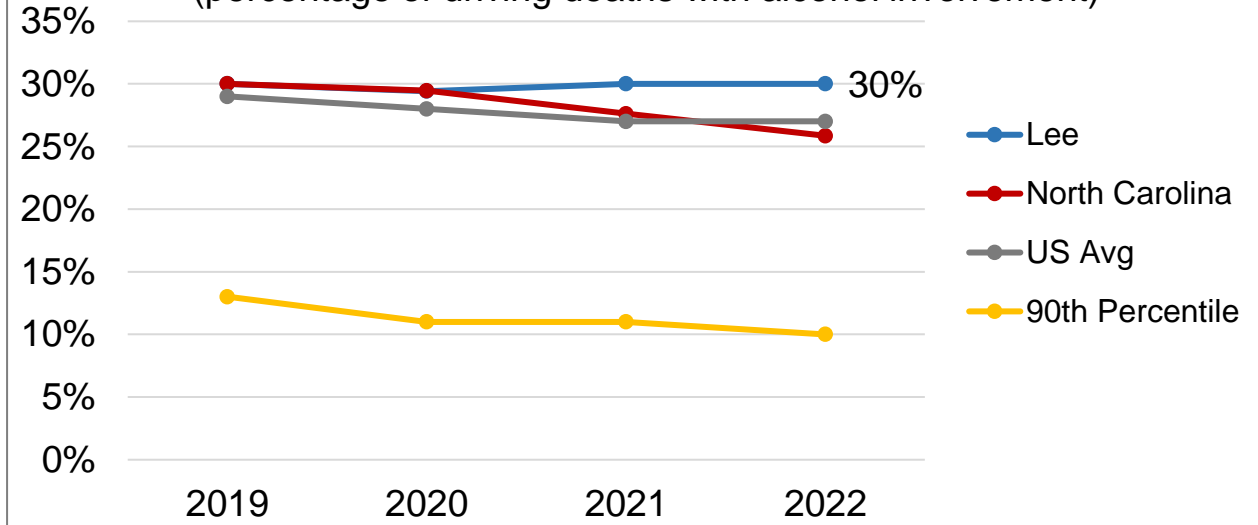
● Excessive drinking

(% of adults reporting binge or heavy drinking)



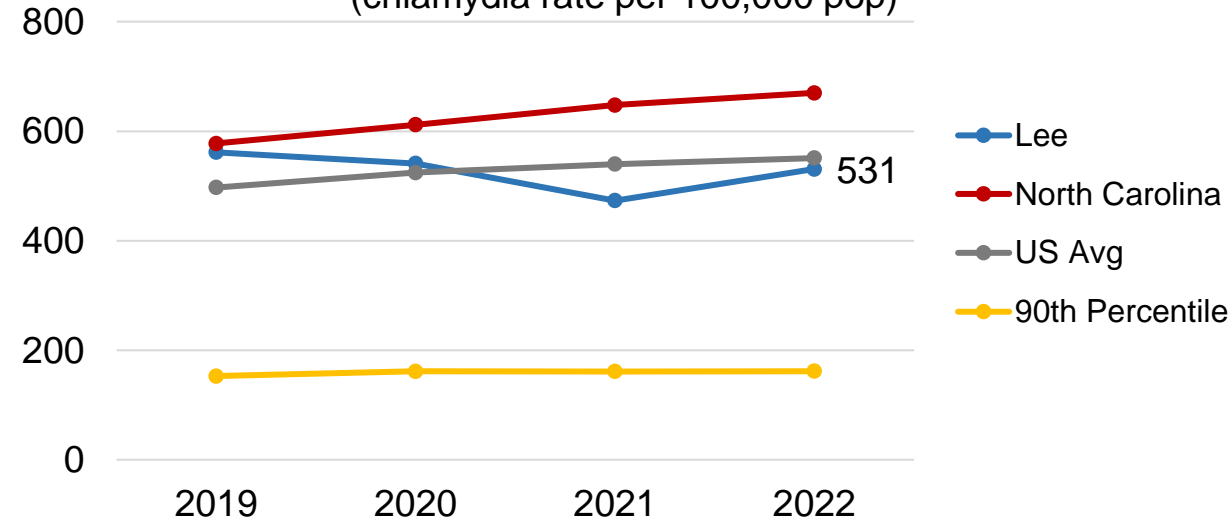
● Alcohol impaired driving deaths

(percentage of driving deaths with alcohol involvement)

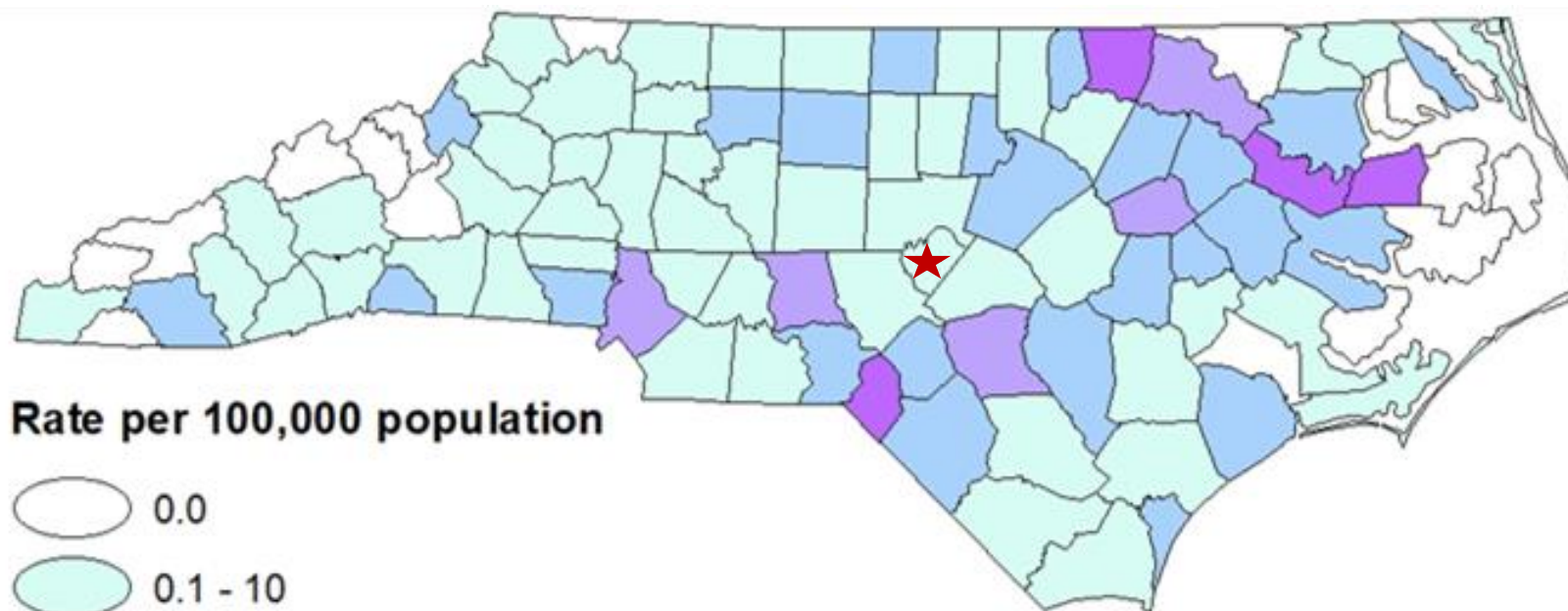


★ Sexually transmitted infections

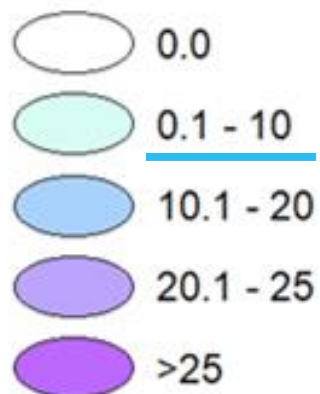
(chlamydia rate per 100,000 pop)



HIV Rate (newly diagnosed by county of residence) 2020



Rate per 100,000 population

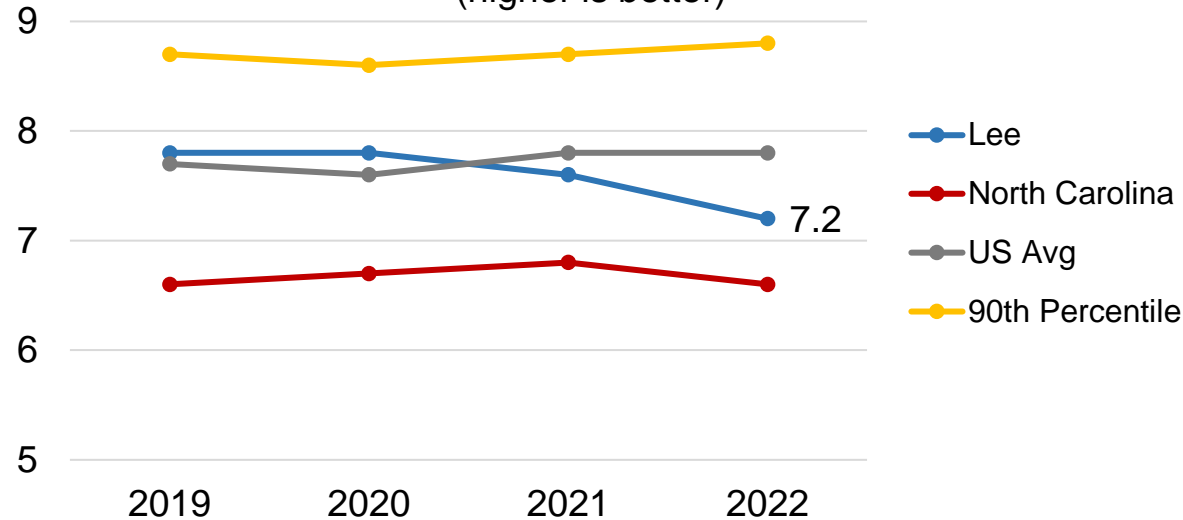


191 - # of people
diagnosed with HIV in
Lee County

9.7 - 2018-2020
average rate

[^]Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

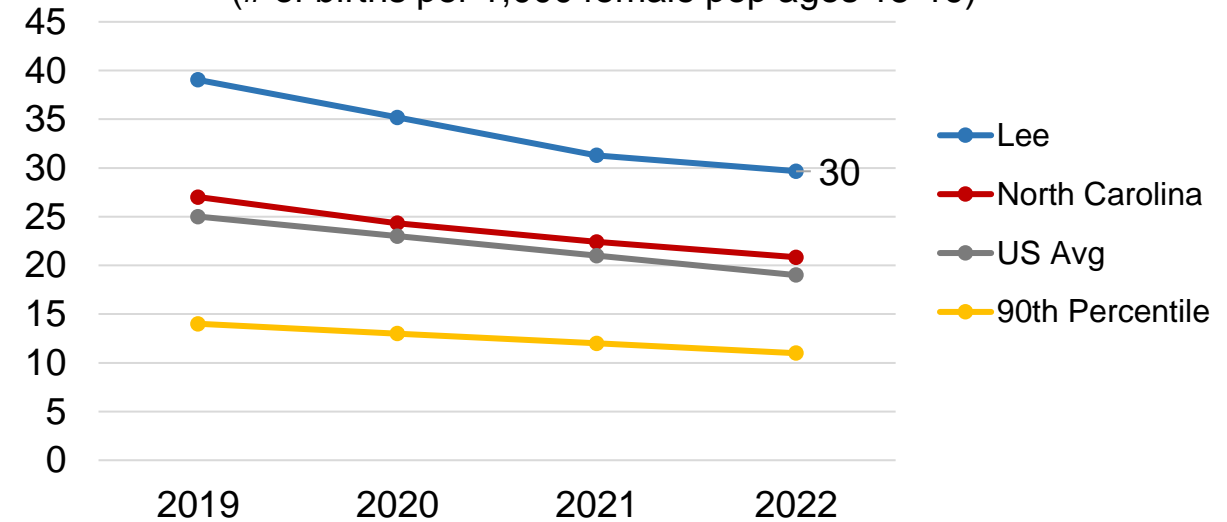
★ Food environment index (higher is better)



The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.

● Teen birth rate

(# of births per 1,000 female pop ages 15-19)



Teen birth rate

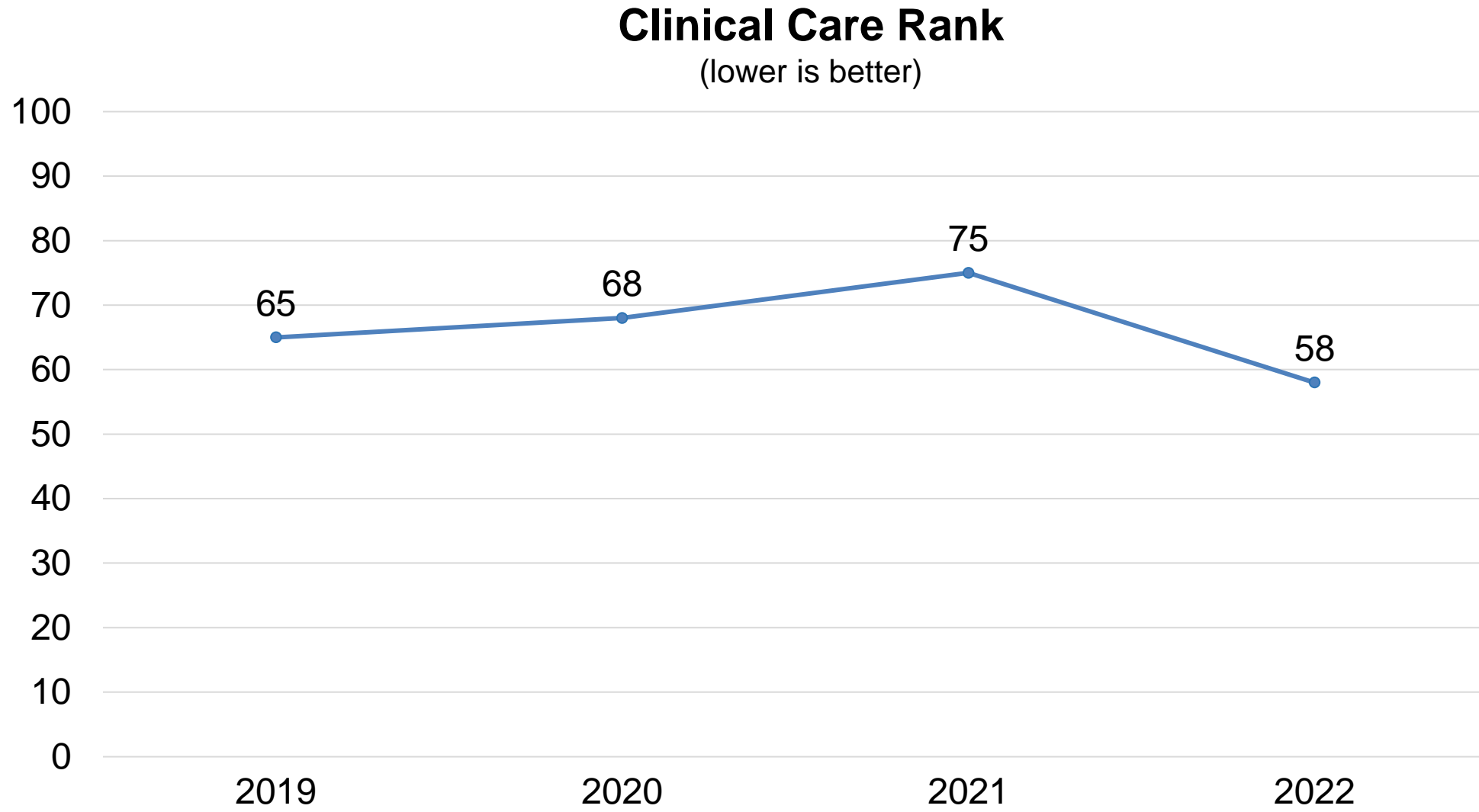
(# of births per 1,000 female pop ages 15-19)

Lee County	2021
Asian	NR
Black	38
Hispanic	40
White	20

Lee county is higher than NC and US ranks for poor physical health, poor mental health days, and low birthweight births.

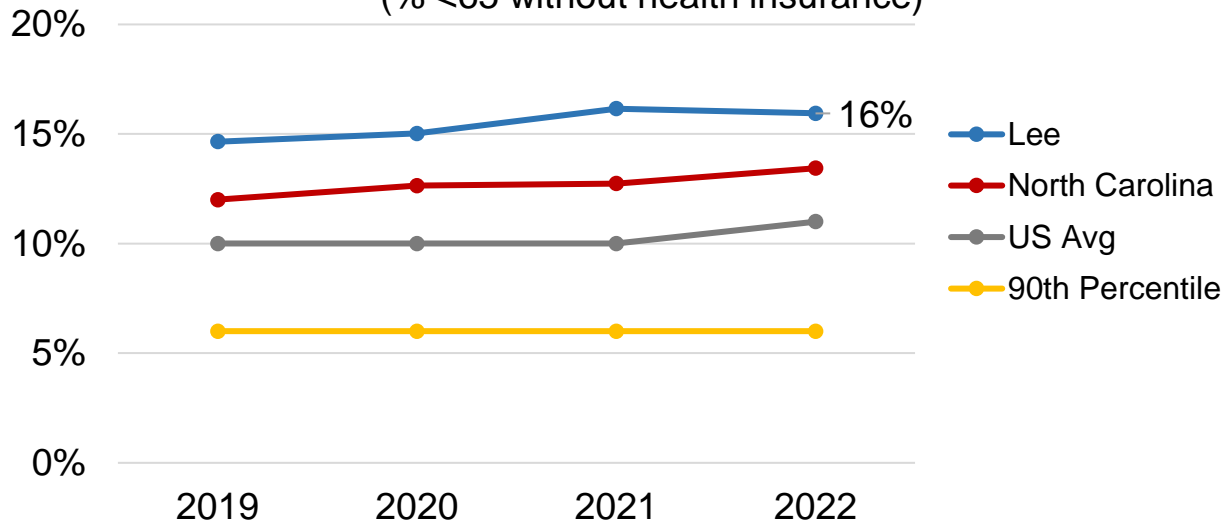
Lee County ranks worse on average for health behaviors when compared to NC and the US. These behaviors include obesity, physical inactivity, access to exercise opportunities, adult smoking, teen births, and food environment index.

Lee County ranked better for health behaviors related to alcohol and STD prevalence when compared to NC and US rankings.



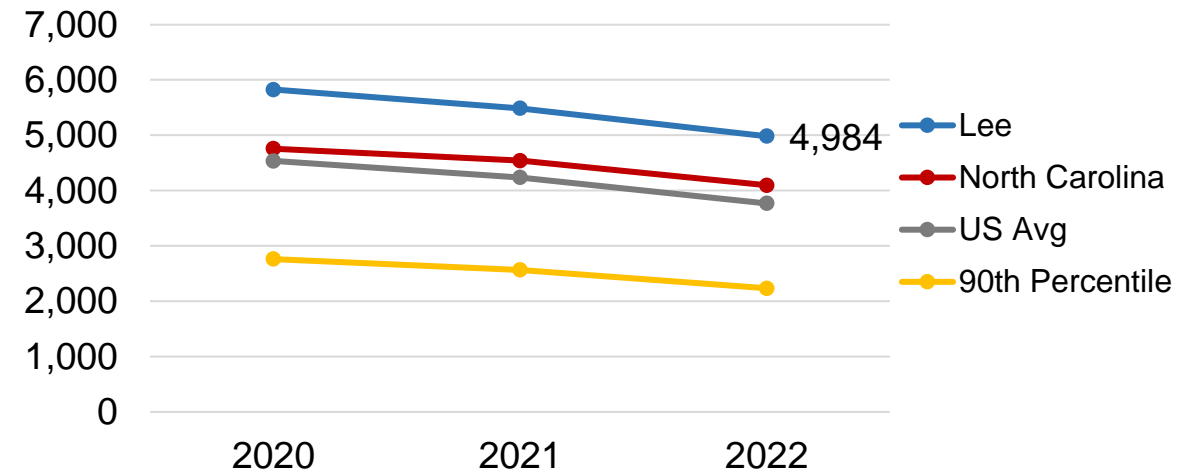
● Uninsured

(% <65 without health insurance)



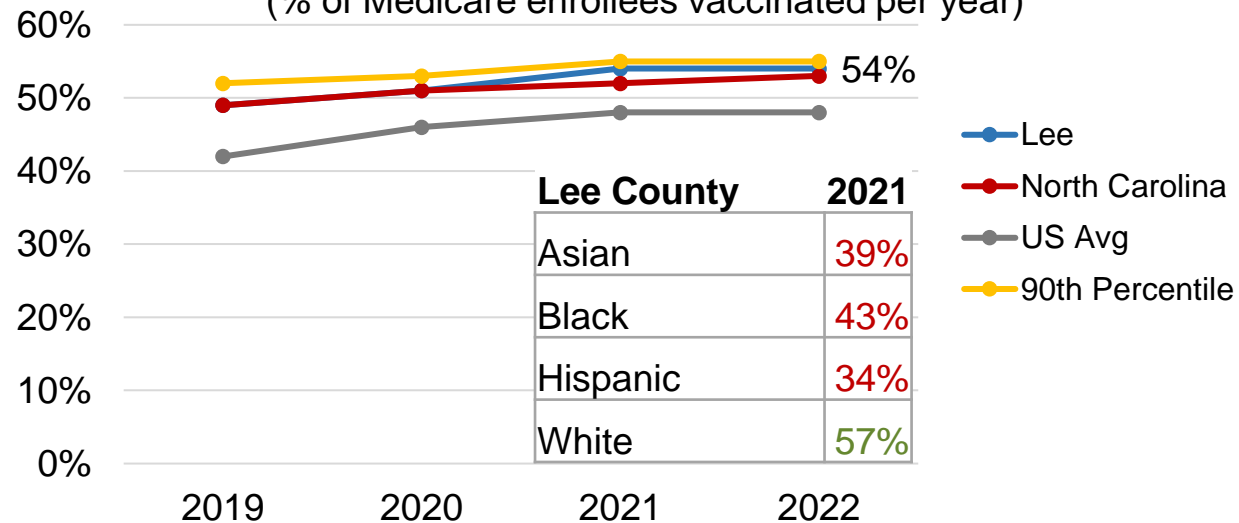
● Preventable hospital stays

(hospitalization rate for ambulatory-sensitive conditions per 100,000 Medicare enrollees)



★ Flu Vaccines

(% of Medicare enrollees vaccinated per year)

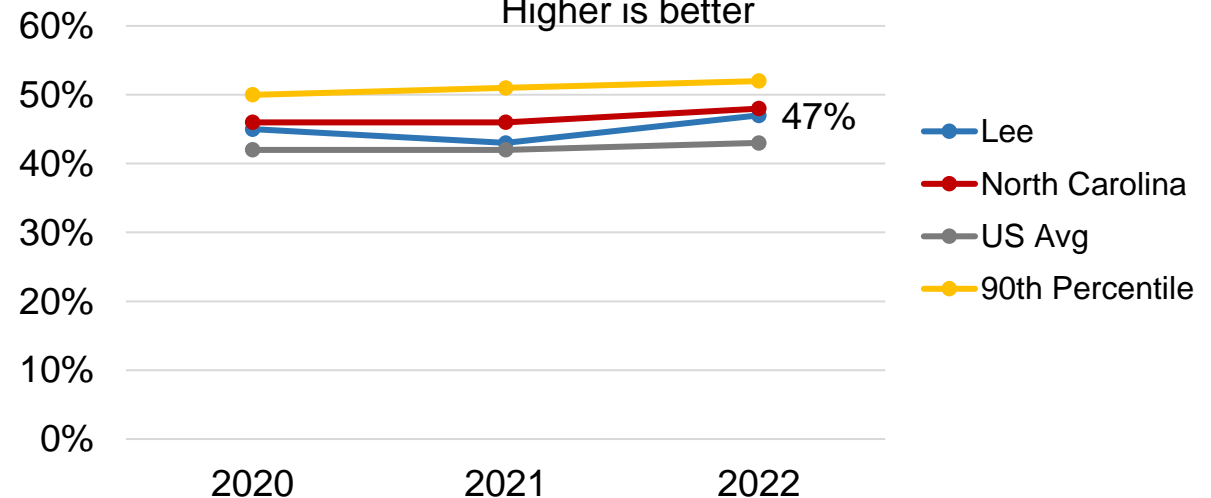


Lee County 2021

Asian	39%
Black	43%
Hispanic	34%
White	57%

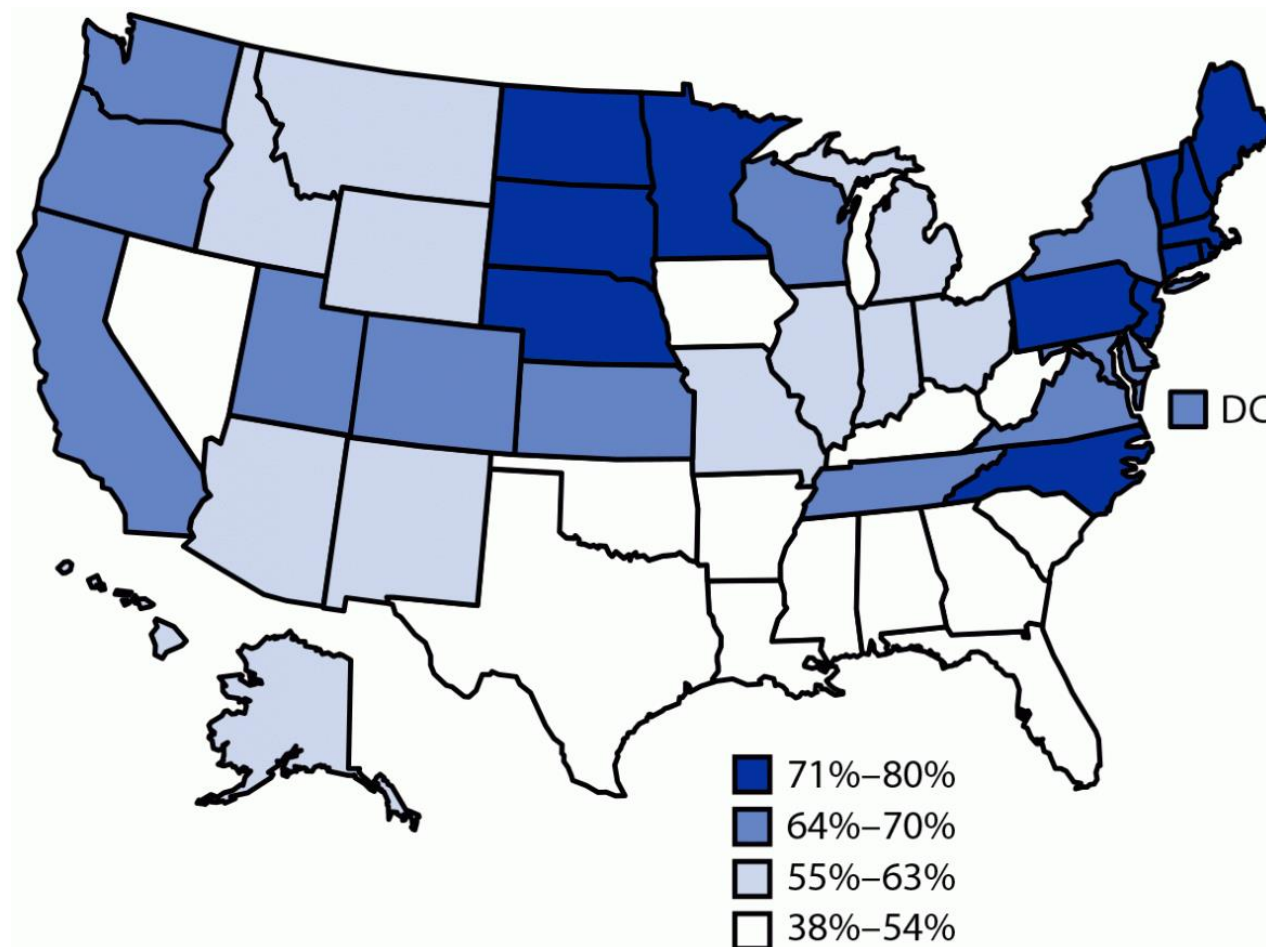
● Mammography screening

(% female Medicare enrollees ages 65-74 receiving annual mammogram)
Higher is better



Vaccination Coverage Among Children

Combined 7 Series Vaccination Coverage by Age 24 Months among Children Born in 2017-2018,
National Immunization Survey-Child (NIS-Child), 2018-2020



62% of the total
residents of Lee County
are fully vaccinated for
COVID-19.

NC = 67%

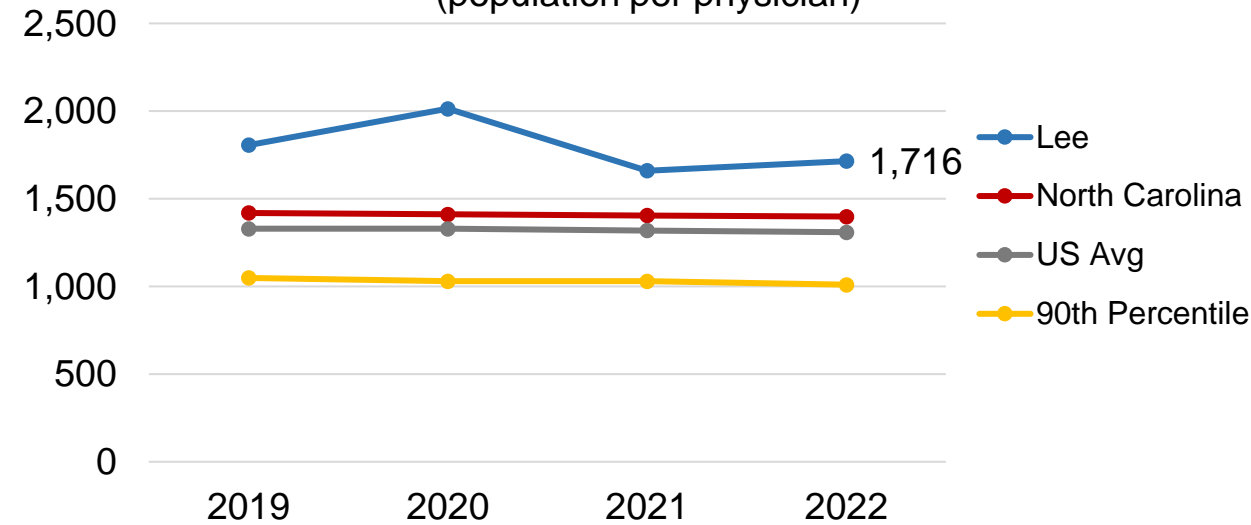
US = 70%

10/5/2022

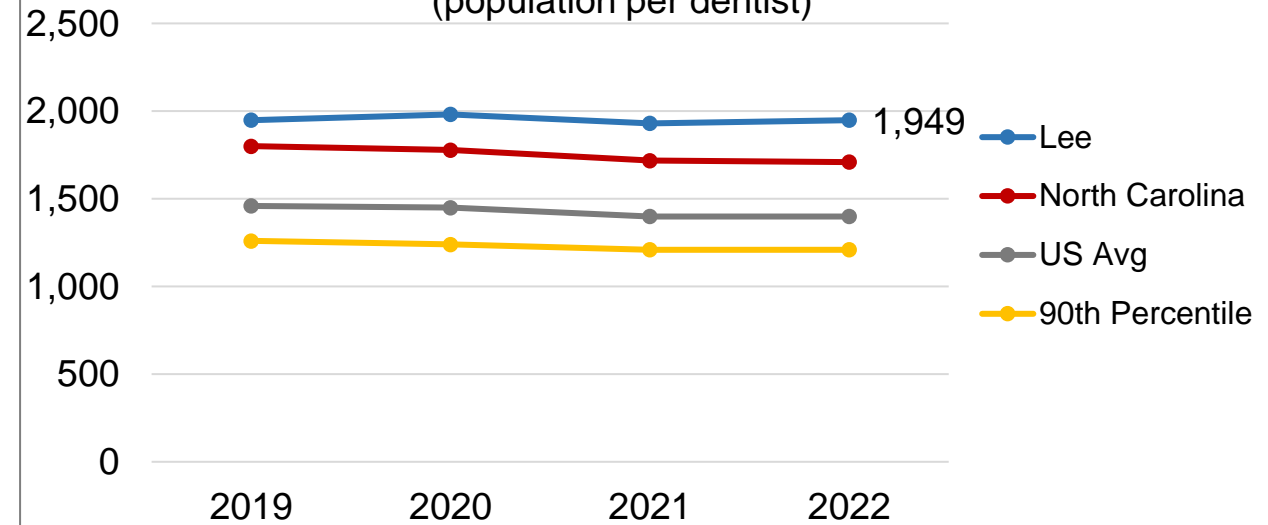
Combined 7 vaccine series (4:3:1:3*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

Clinical Care

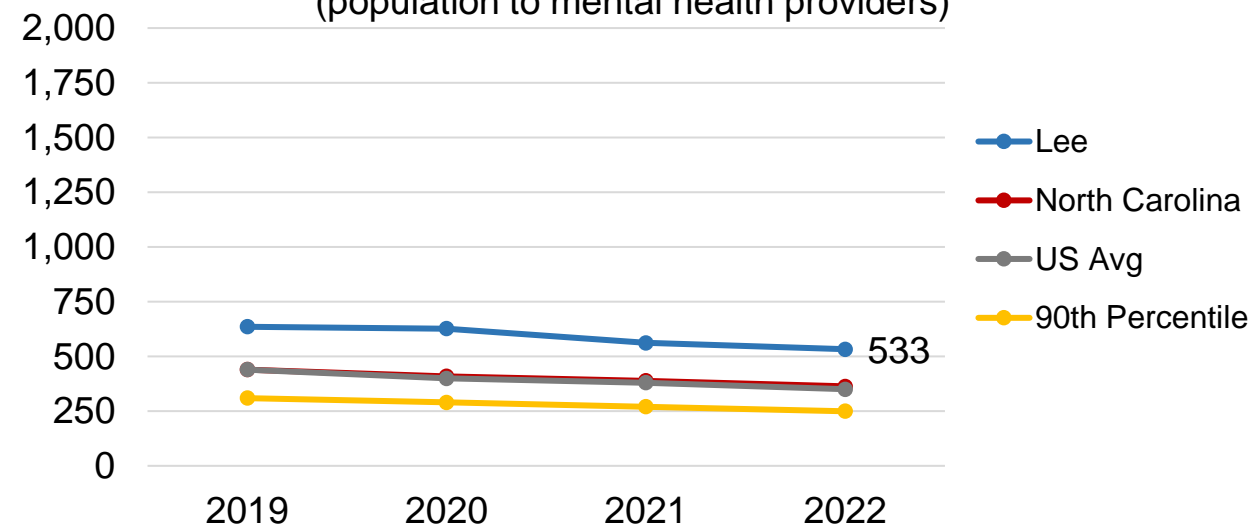
Primary care physicians (population per physician)



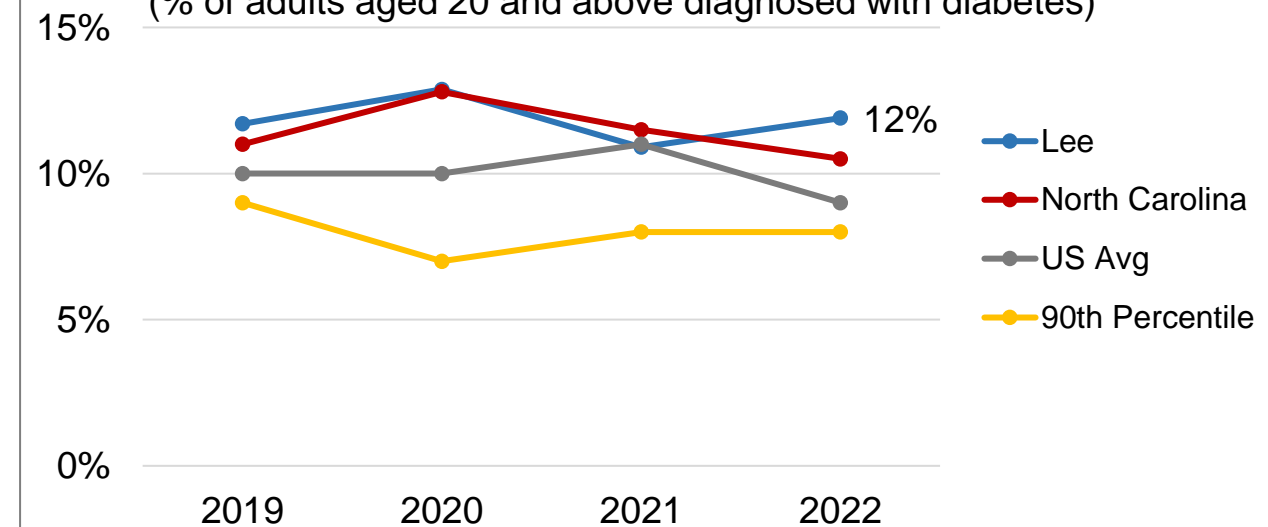
Dentists (population per dentist)



Mental health providers* (population to mental health providers)



Diabetes prevalence (% of adults aged 20 and above diagnosed with diabetes)



*Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care.

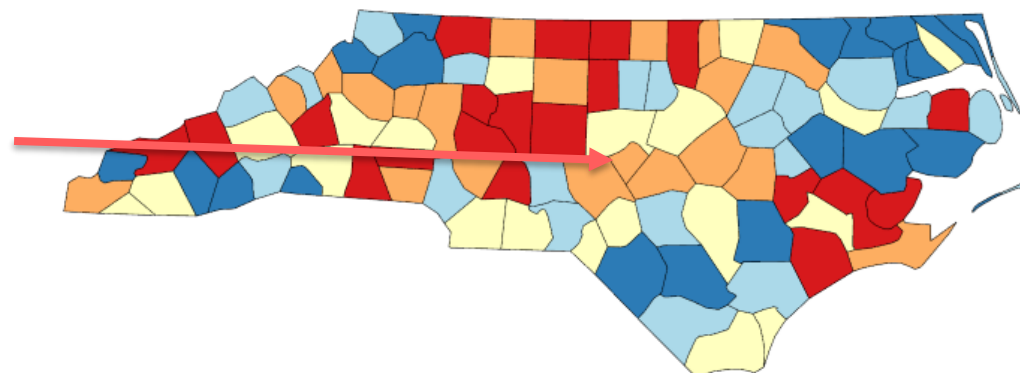
Cancer Incidence Rates for North Carolina Counties

US
448.6

North Carolina
468.9

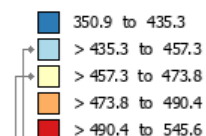
Lee County
482.3

Incidence Rates[†] for North Carolina by County
All Cancer Sites, 2014 - 2018
All Races (includes Hispanic), Both Sexes, All Ages



Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

Quantile Interval



US (SEER + NPCR)
Rate (95% C.I.)
448.6 (448.3 - 448.9)

North Carolina
Rate (95% C.I.)
468.9 (467.2 - 470.7)

Notes:

[State Cancer Registries](#) may provide more current or more local data.

Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries ([for more information](#)).

[†] Incidence rates (cases per 100,000 population per year) are age-adjusted to the [2000 US standard population](#) (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI.

The [1969-2018 US Population Data](#) File is used for SEER and NPCR incidence rates.

Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see [malignant.html](#)

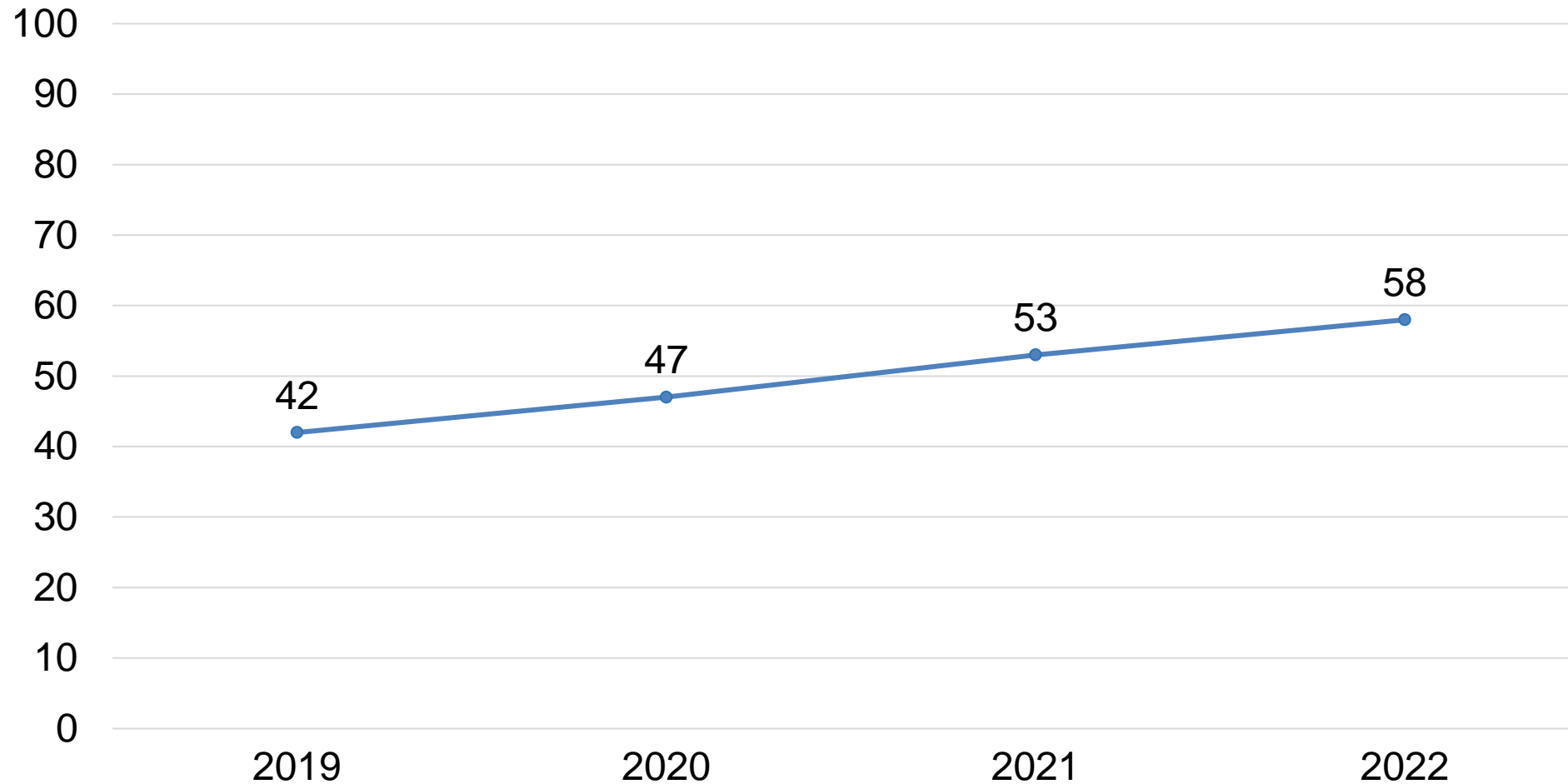
Data for the United States does not include data from Puerto Rico

Lee County ranks worse than NC and US ranks for clinical care exhibited by quantity of uninsured populations, preventable hospital stays, flu vaccines, mammography screening, primary care to population ratio, dentist to population ratio, mental health providers to population ratio, and diabetes prevalence.

This ranking shows populations in Lee County may observe poorer health outcomes due to limited clinical care. With an increasing population, Lee County must adapt and increase its resources to better provide for its residents.

Social and Economic Factors Ranking

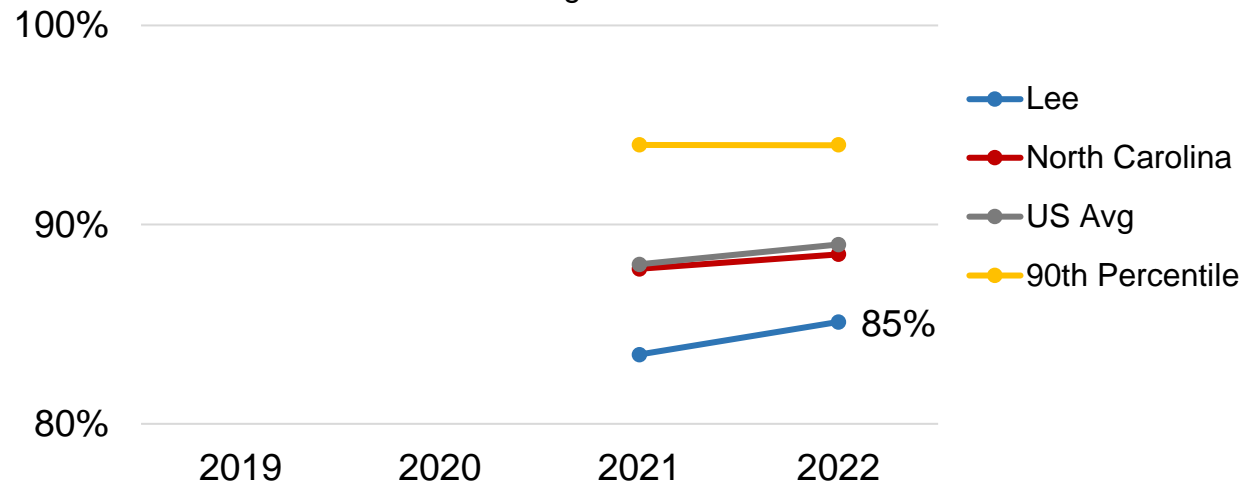
(lower is better)



Social & Economic Factors

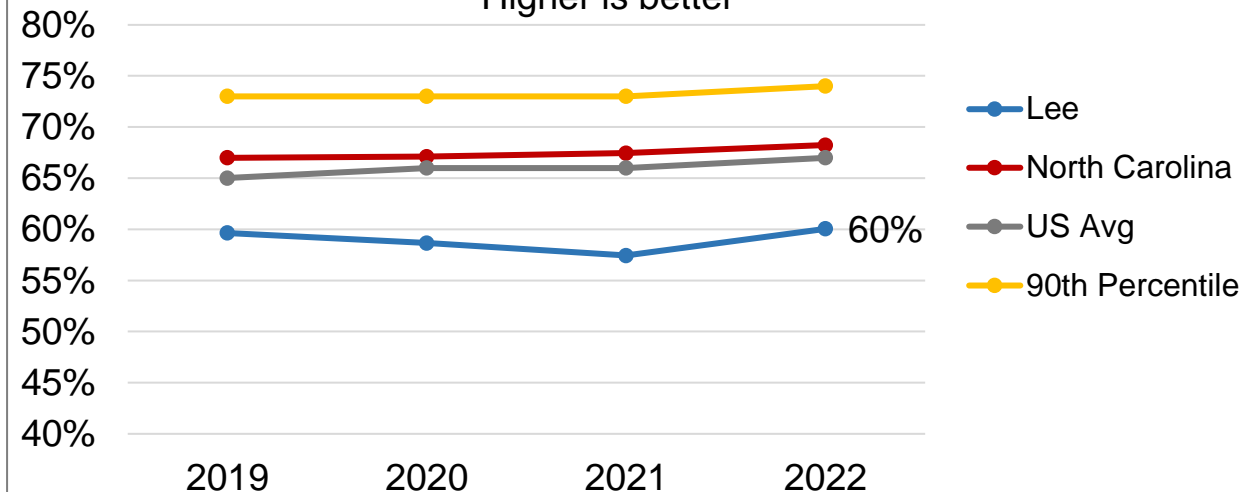
● High school completion

(% off adults ages 25 and over with a high school diploma or equivalent)
higher is better



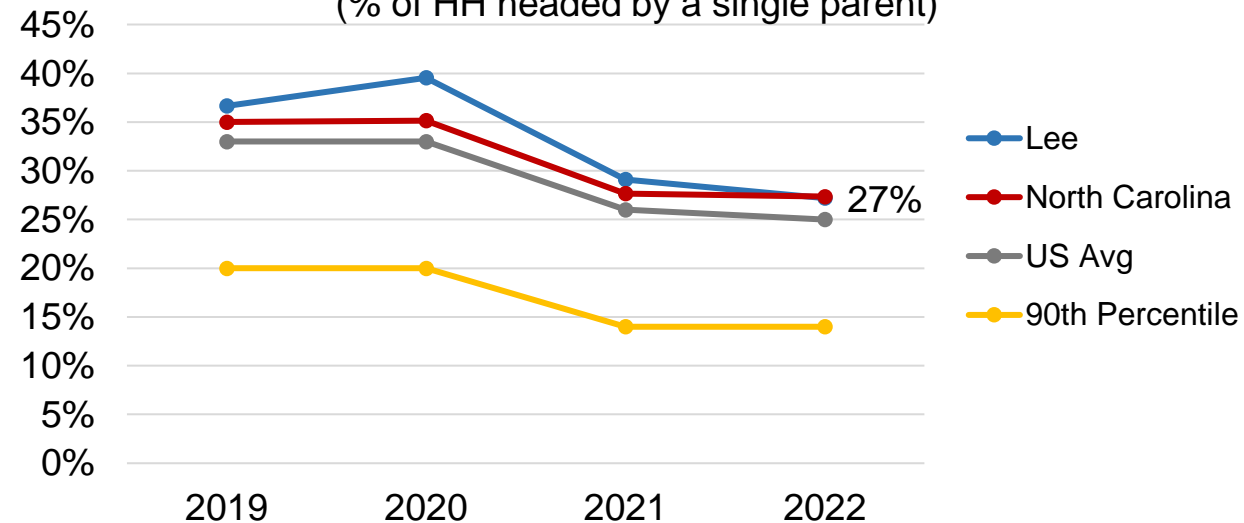
● Some college

(% of adults 35-44 with some postsecondary ed)
Higher is better



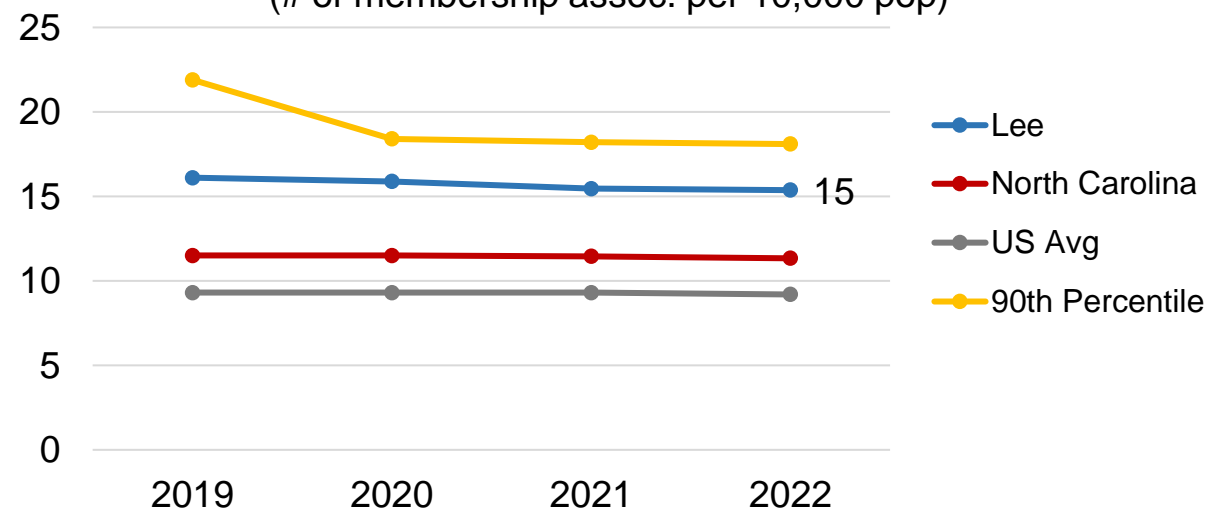
★ Children in single-parent households

(% of HH headed by a single parent)

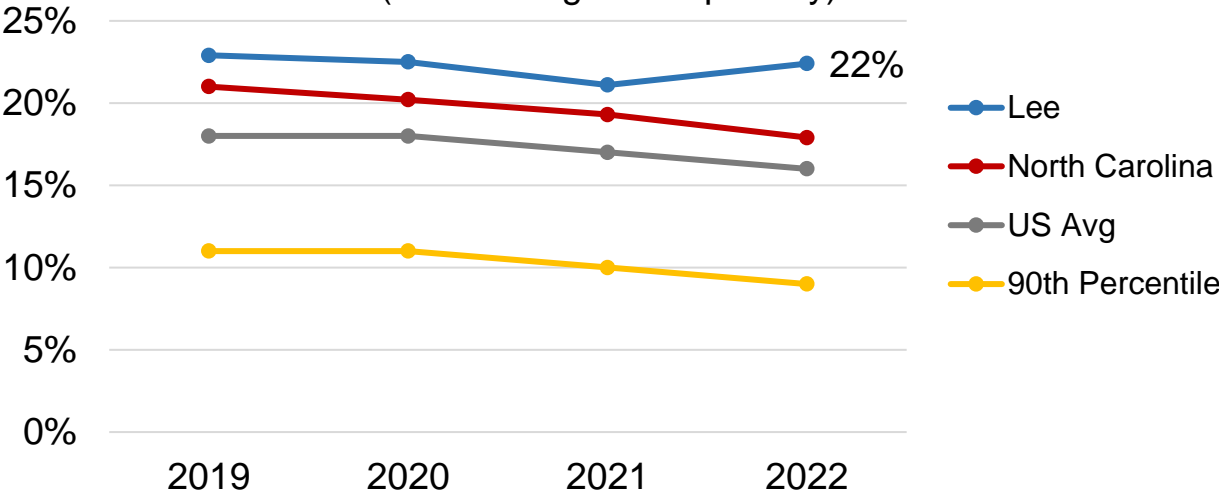


★ Social associations

(# of membership assoc. per 10,000 pop)



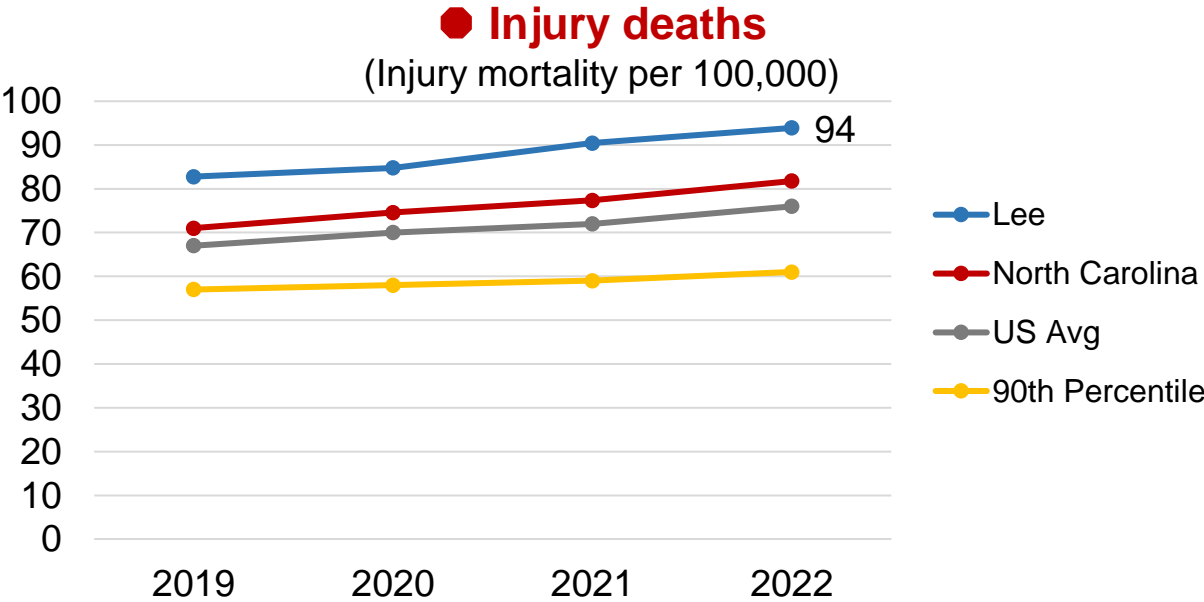
● Children in poverty (% under age 18 in poverty)



Children in poverty (% under age 18 in poverty)

Lee County	2022
American Indian & Alaska Native	NR
Asian	NR
Black	40%
Hispanic	29%
White	14%

63% of children are eligible for free or reduced-price lunches 2020-2021, compared to 58% for NC

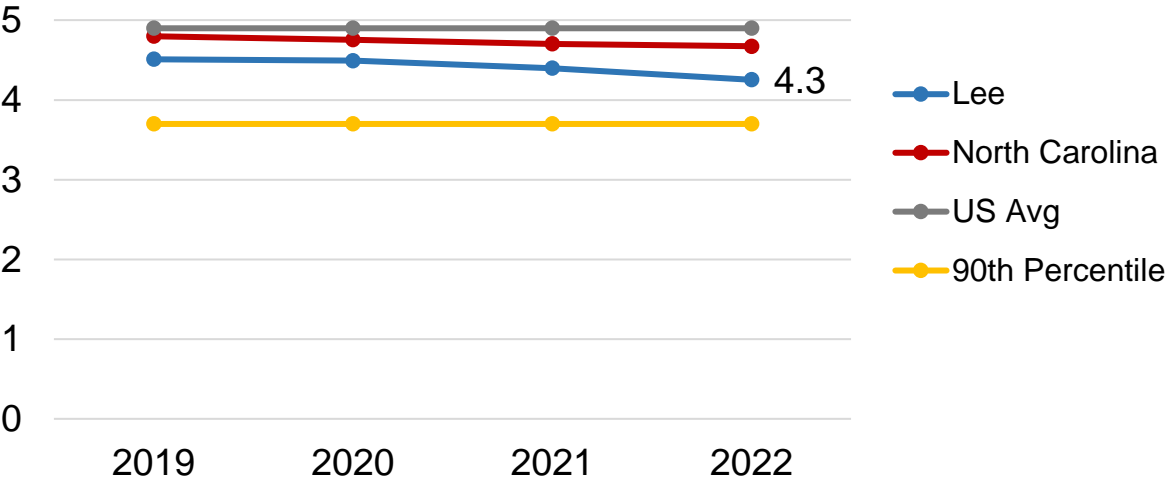


Injury deaths (Injury mortality per 100,000)

Lee County	2022
American Indian & Alaska Native	NR
Asian	NR
Black	119
Hispanic	39
White	105

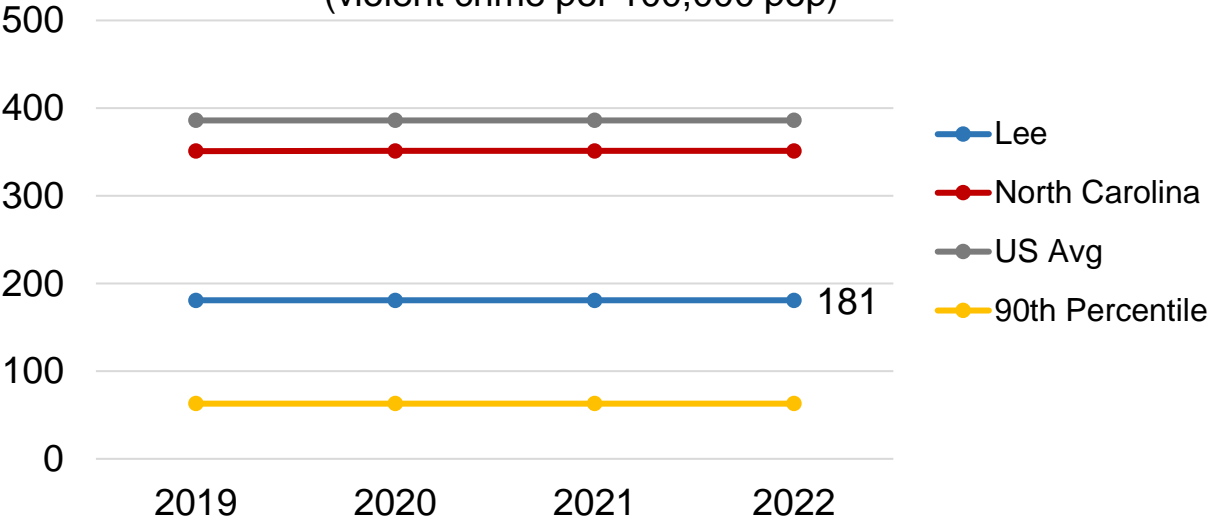
★ Income inequality

(ratio of HH income at the 80th percentile to income at the 20th percentile)



★ Violent crime rate

(violent crime per 100,000 pop)



Crime Rates

(crime per 100,000 pop)

The Crime Index includes the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts.

2021	Index Crime Rate	Violent Crime Rate	Property Crime Rate
NC	2,586	430	2,324
Lee County	1,631	156	2,156

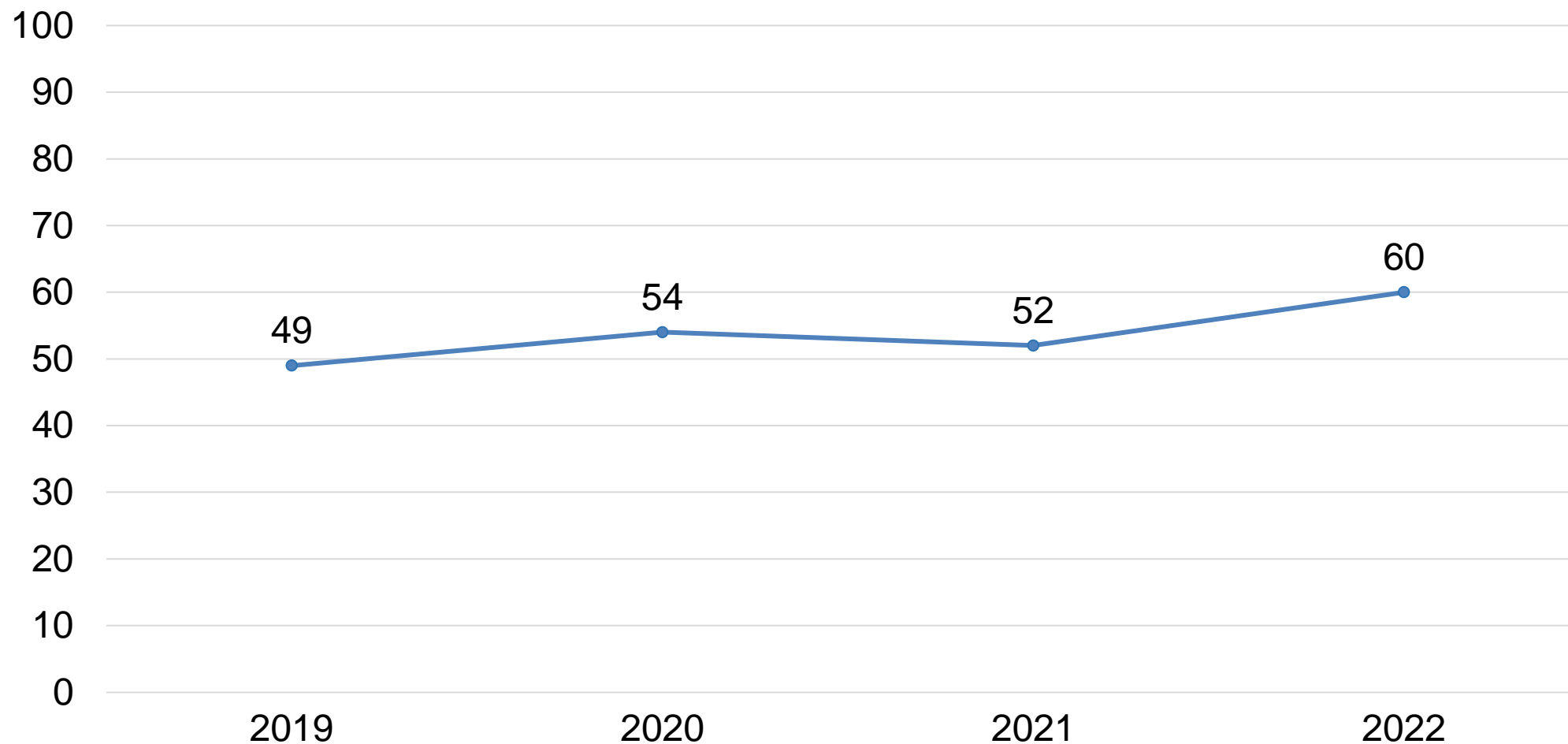
Crime Index offences decreased 4.5% from 2019 to 2020 and 5.6% from 2020 to 2021.

Physical Environment Rank



Physical Environment Rank

(lower is better)



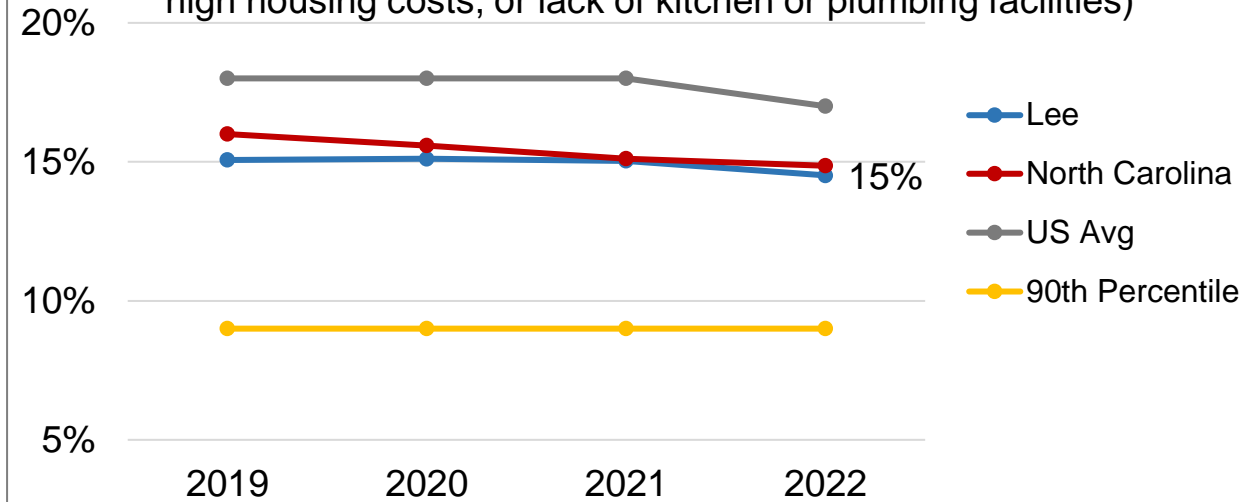
★ Drinking water violations

	2020	2021	2022
Lee County	No	No	No

Source: EPA Safe Drinking Water Information System.

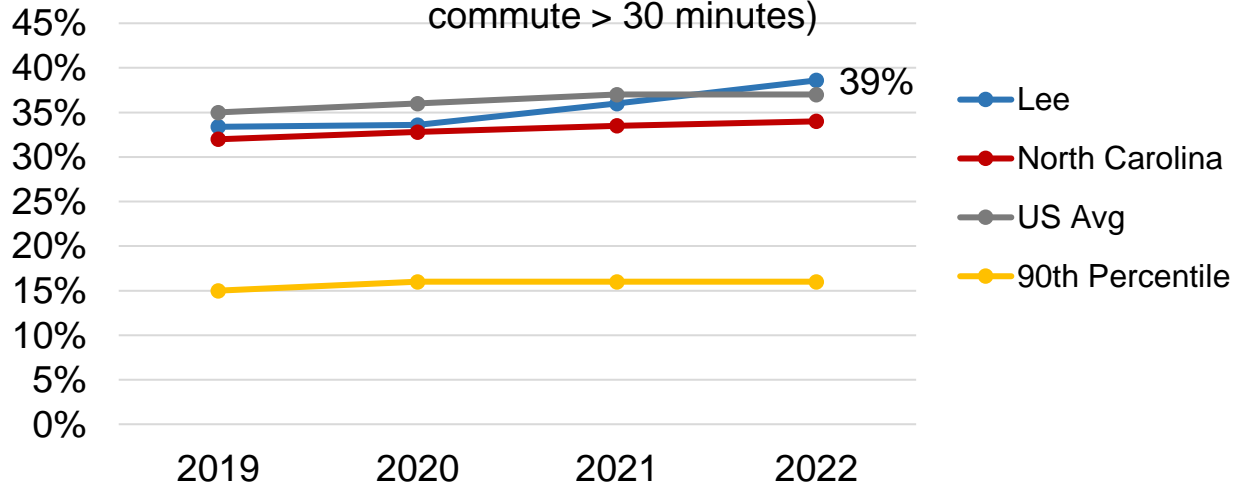
★ Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



● Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)

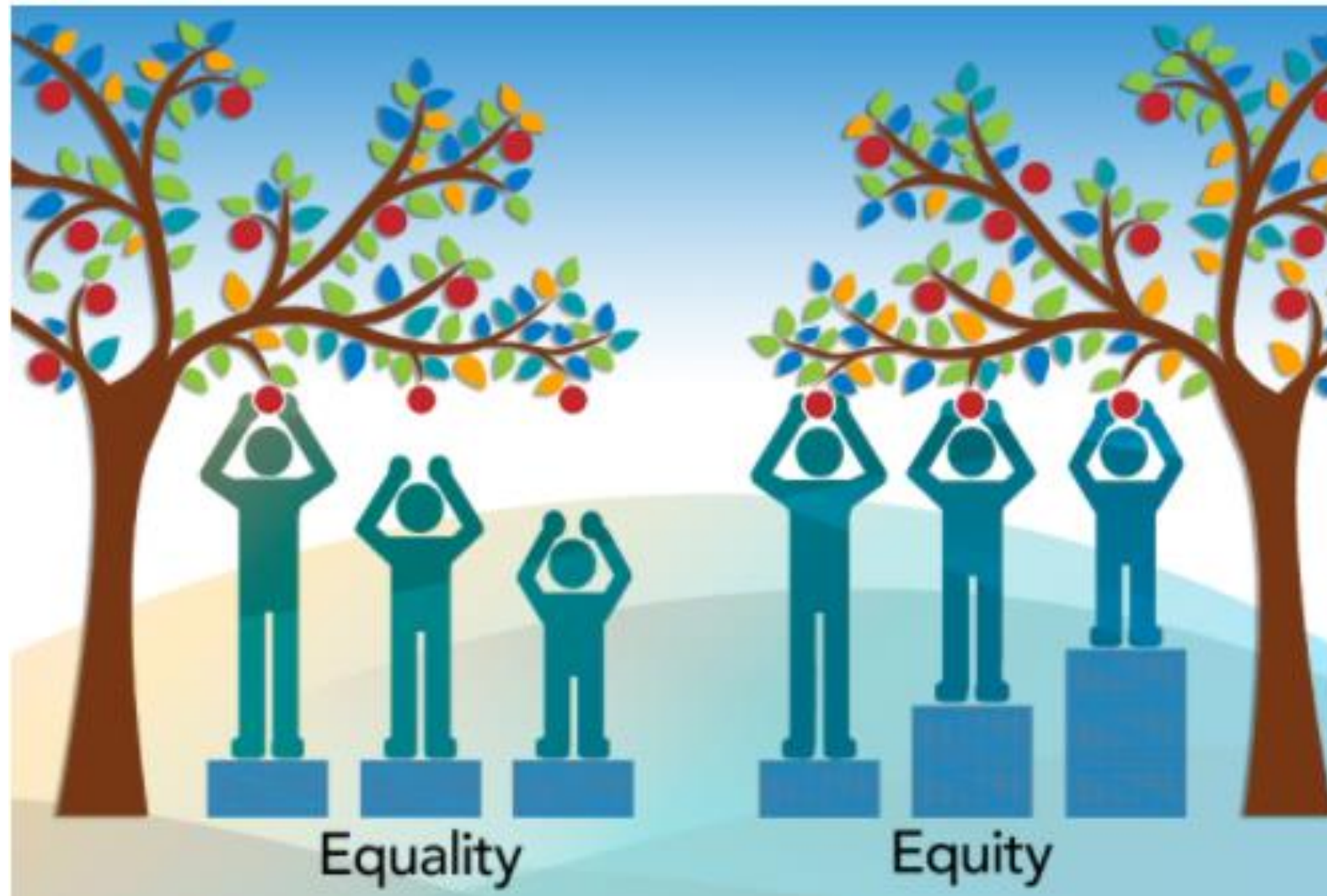


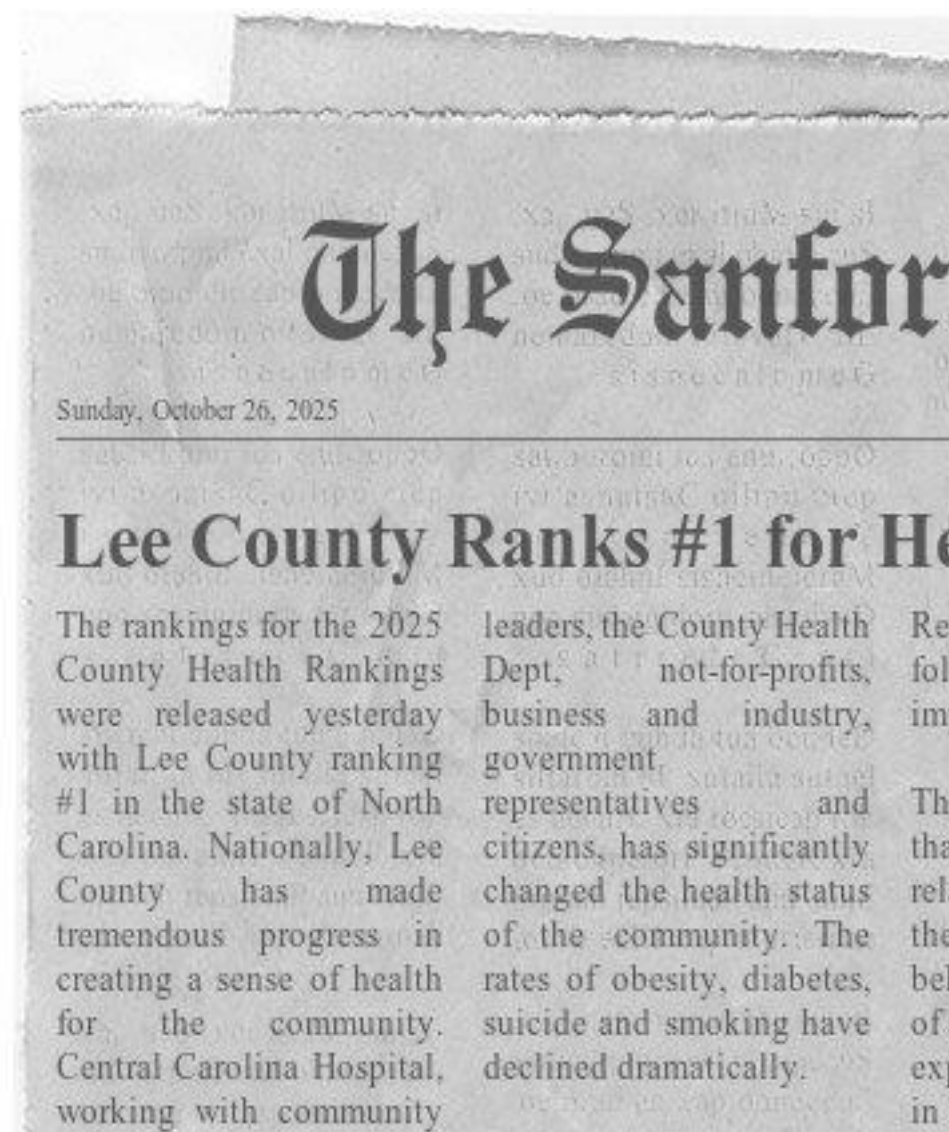
● Broadband access

(% of households with broadband internet connection)

Lee County	2022
Lee County	75%
North Carolina	83%
US Avg	85%
90th Percentile	88%

Health Equality and Health Equity







*“If there is **hope** in the future,
there is **power** in the present.”*
— John Maxwell

Significant Community Health Issues: Identified Issues



2019 CHNA

- Obesity
- Fitness/Nutrition
- Mental Health – including Alcohol and Substance Misuse

Secondary Data

- Adult smoking
- Adult obesity
- Uninsured
- Preventable hospital stays
- High school completion
- Higher cancer incidence
- Lower COVID-19 vaccination rates

Focus Groups

- Diabetes
- Mental health
- Substance use disorder
- STD/Is
- Access to Medicare resources
- Unhoused population and affordable housing
- Transportation
- Better nutrition
- Teen pregnancy
- Affordable childcare
- Internet – changing behavior and attitudes
- Gun violence

Survey

- Low Income/poverty
- Unhoused
- Mental health – depression, anxiety, stress
- Diabetes
- Obesity - healthy eating, active living
- Dementia/Alzheimer's
- Cancer and prevention
- Heart disease
- High blood pressure
- High cholesterol
- Dental care
- Lack of health insurance
- Cost of care

Exercise prioritizing significant health needs

- Please write down the community's top three significant health needs from your own personal perspective, but in context to the whole community on the sticky notes provided. One concern per sticky note.
- Once you have written down your Top 3, please come up and stick them on the white paper on the wall.
- Criteria for prioritization:
 - Magnitude – how big is the problem?
 - Seriousness of consequences – what would happen if the issue were not made a priority?
 - Equity – is this problem worse for a segment of the population?
 - Feasibility – is the problem preventable?



2022 Top Health Issues



1. Mental health – 9 post-its
2. Healthy eating/Active living – 7 post-its
3. Tie substance use disorder and social determinants of health (housing, transportation, safety, education) – 6 post-its
4. Access to care – 5 post-its
5. Youth development and activity – 3 post-its



Thank You!

Next Steps:

- *Implementation Plan*
- *Community Health Report*

The background of the slide is a solid dark blue. It features an abstract network diagram composed of light blue lines and circles. The circles vary in size and some have concentric rings, suggesting different levels of detail or data points. The lines connect these circles in a complex, web-like pattern, with some lines being solid and others dashed. The diagram is more dense on the left side and becomes sparser towards the right.

Appendix

Additional Data

Original Source and Year



Focus Area	Measure	Source	Year(s)
HEALTH OUTCOMES			
Length of Life	Premature death*	National Center for Health Statistics - Mortality Files	2018-2020
Quality of Life	Poor or fair health‡	Behavioral Risk Factor Surveillance System	2019
	Poor physical health days‡	Behavioral Risk Factor Surveillance System	2019
	Poor mental health days‡	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	National Center for Health Statistics - Natality files	2014-2020
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking‡	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesity‡	Behavioral Risk Factor Surveillance System	2019
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding	2019
	Physical inactivity‡	Behavioral Risk Factor Surveillance System	2019
	Access to exercise opportunities	Business Analyst, ESRI, YMCA & US Census Tigerline Files	2010 & 2021
Alcohol and Drug	Excessive drinking‡	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2019
	Teen births*	National Center for Health Statistics - Natality files	2014-2020
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2019
	Primary care physicians	Area Health Resource File/American Medical Association	2019
	Dentists	Area Health Resource File/National Provider Identification file	2020
	Mental health providers	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	Mapping Medicare Disparities Tool	2019
	Mammography screening*	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	Mapping Medicare Disparities Tool	2019
SOCIAL & ECONOMIC FACTORS			
Education	High school completion	American Community Survey, 5-year estimates	2016-2020
	Some college	American Community Survey, 5-year estimates	2016-2020
Employment	Unemployment	Bureau of Labor Statistics	2020
Income	Children in poverty*	Small Area Income and Poverty Estimates	2020
	Income inequality	American Community Survey, 5-year estimates	2016-2020
Family and Social	Children in single-parent households	American Community Survey, 5-year estimates	2016-2020
	Social associations	County Business Patterns	2019
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	National Center for Health Statistics - Mortality Files	2016-2020
PHYSICAL ENVIRONMENT			
Air and Water	Air pollution - particulate matter	Environmental Public Health Tracking Network	2018
	Drinking water violations+	Safe Drinking Water Information System	2020
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2014-2018
	Driving alone to work*	American Community Survey, 5-year estimates	2016-2020
	Long commute - driving alone	American Community Survey, 5-year estimates	2016-2020

Original Source and Year

Focus Area	Measure	Source	Year(s)
HEALTH OUTCOMES			
Length of Life	COVID-19 age-adjusted mortality	National Center for Health Statistics - Mortality Files	2020
	Life expectancy*	National Center for Health Statistics - Mortality Files	2018-2020
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2018-2020
	Child mortality*	National Center for Health Statistics - Mortality Files	2017-2020
	Infant mortality*	National Center for Health Statistics - Mortality Files	2014-2020
Quality of Life	Frequent physical distress‡	Behavioral Risk Factor Surveillance System	2019
	Frequent mental distress‡	Behavioral Risk Factor Surveillance System	2019
	Diabetes prevalence‡	Behavioral Risk Factor Surveillance System	2019
	HIV prevalence+	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2019
HEALTH FACTORS			
HEALTH BEHAVIORS			
Diet and Exercise	Food insecurity	Map the Meal Gap	2019
	Limited access to healthy foods	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files	2018-2020
	Motor vehicle crash deaths*	National Center for Health Statistics - Mortality Files	2014-2020
Other Health	Insufficient sleep‡	Behavioral Risk Factor Surveillance System	2018
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2019
	Uninsured children	Small Area Health Insurance Estimates	2019
	Other primary care providers	CMS, National Provider Identification	2021
SOCIAL & ECONOMIC FACTORS			
Education	High school graduation+	EDFacts	2018-2019
	Disconnected youth	American Community Survey, 5-year estimates	2016-2020
	Reading scores*+	Stanford Education Data Archive	2018
	Math scores*+	Stanford Education Data Archive	2018
	School segregation	National Center for Education Statistics	2020-2021
	School funding adequacy+	School Finance Indicators Database	2019
Income	Gender pay gap	American Community Survey, 5-year estimates	2016-2020
	Median household income*	Small Area Income and Poverty Estimates	2020
	Living wage	The Living Wage Calculator	2021
	Children eligible for free or reduced	National Center for Education Statistics	2019-2020
Family and Social Support	Residential segregation - Black/white	American Community Survey, 5-year estimates	2016-2020
	Residential segregation - non-	American Community Survey, 5-year estimates	2016-2020
	Childcare cost burden	The Living Wage Calculator, Small Area Income and Poverty	2021 & 2020
	Childcare centers	Homeland Infrastructure Foundation-Level Data (HIFLD)	2021
Community Safety	Homicides*	National Center for Health Statistics - Mortality Files	2014-2020
	Suicides*	National Center for Health Statistics - Mortality Files	2016-2020
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2016-2020
	Juvenile arrests+	Easy Access to State and County Juvenile Court Case Counts	2019
PHYSICAL ENVIRONMENT			
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019
	Homeownership	American Community Survey, 5-year estimates	2016-2020
	Severe housing cost burden	American Community Survey, 5-year estimates	2016-2020
	Broadband access	American Community Survey, 5-year estimates	2016-2020



Esri Data Sources and Description

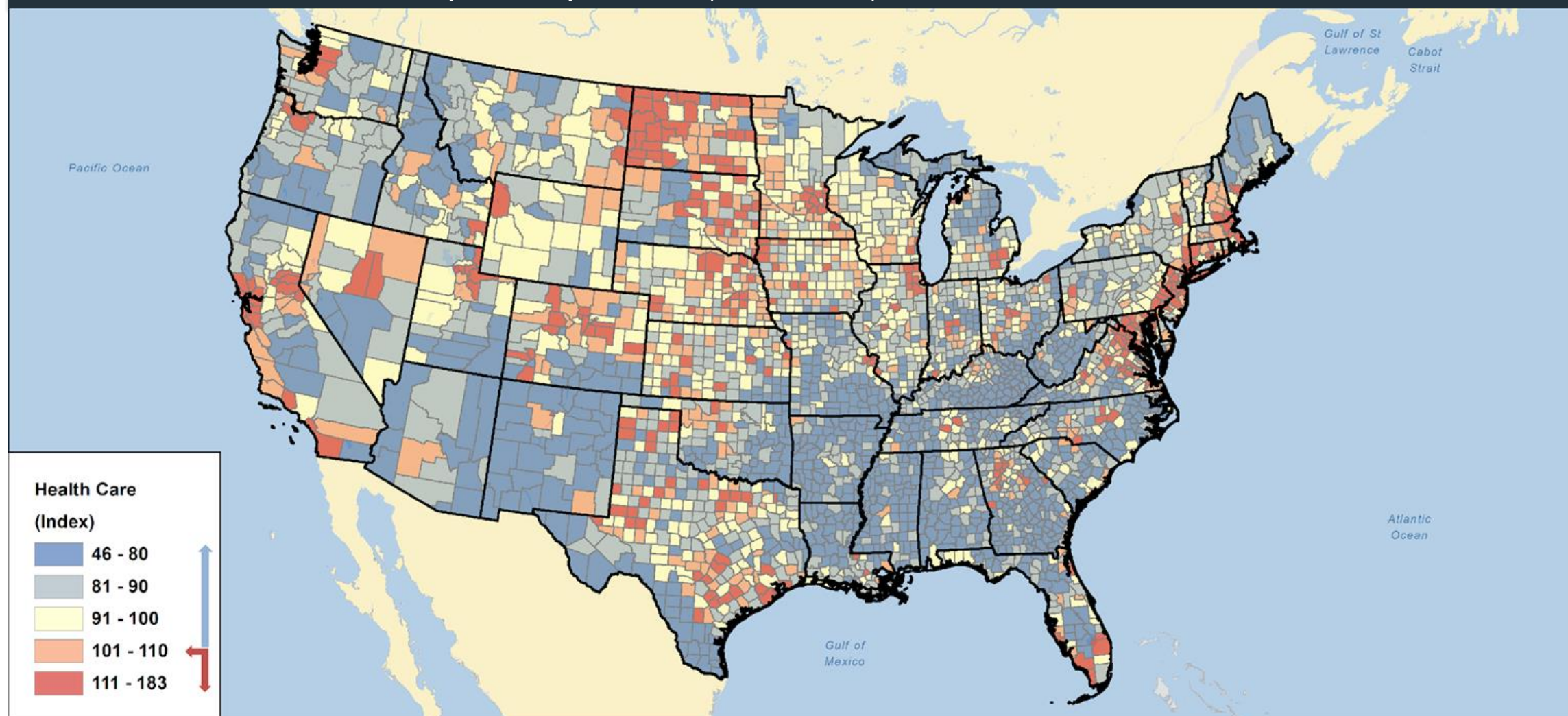


Database name	Source	Vintage	Description	Frequency of updates
Updated Demographics	Esri	2021/2026	Esri provides current-year updates and five-year projections of population, age by sex, race and Hispanic origin, households and families, tenure, home value, household income, household income by age of householder, per capita income, current-year employed population by occupation and industry, unemployment, current-year marital status, current-year educational attainment, current-year age by sex and race, current-year disposable income, current-year net worth, and more.	Annually
Census Data	Esri and U.S. Census Bureau	2010 & 2000	Esri provides census data for geographies not supplied by the Census Bureau including ZIP Codes, DMAs, rings, drive times, and hand-drawn areas. Esri also provides data for states, counties, tracts, block groups, places, CBSAs, congressional districts, and county subdivisions.	Decennially
American Community Survey (ACS)	U.S. Census Bureau	2015-2019	Esri provides ACS data for households by social security income, households by retirement income, poverty status, labor force, journey to work, languages spoken, and ancestry. To increase understanding of the data, Esri developed a system of reliability symbols that indicates the accuracy of each estimate. Esri also provides the ACS data for geographies not supplied by the Census Bureau, such as ZIP Codes, rings, drive times, and hand-drawn areas.	Annually
Tapestry Segmentation	Esri	2021	Tapestry Segmentation provides an accurate, detailed description of America's neighborhoods. U.S. residential areas are divided into 67 distinctive segments based on their socioeconomic and demographic composition.	Annually

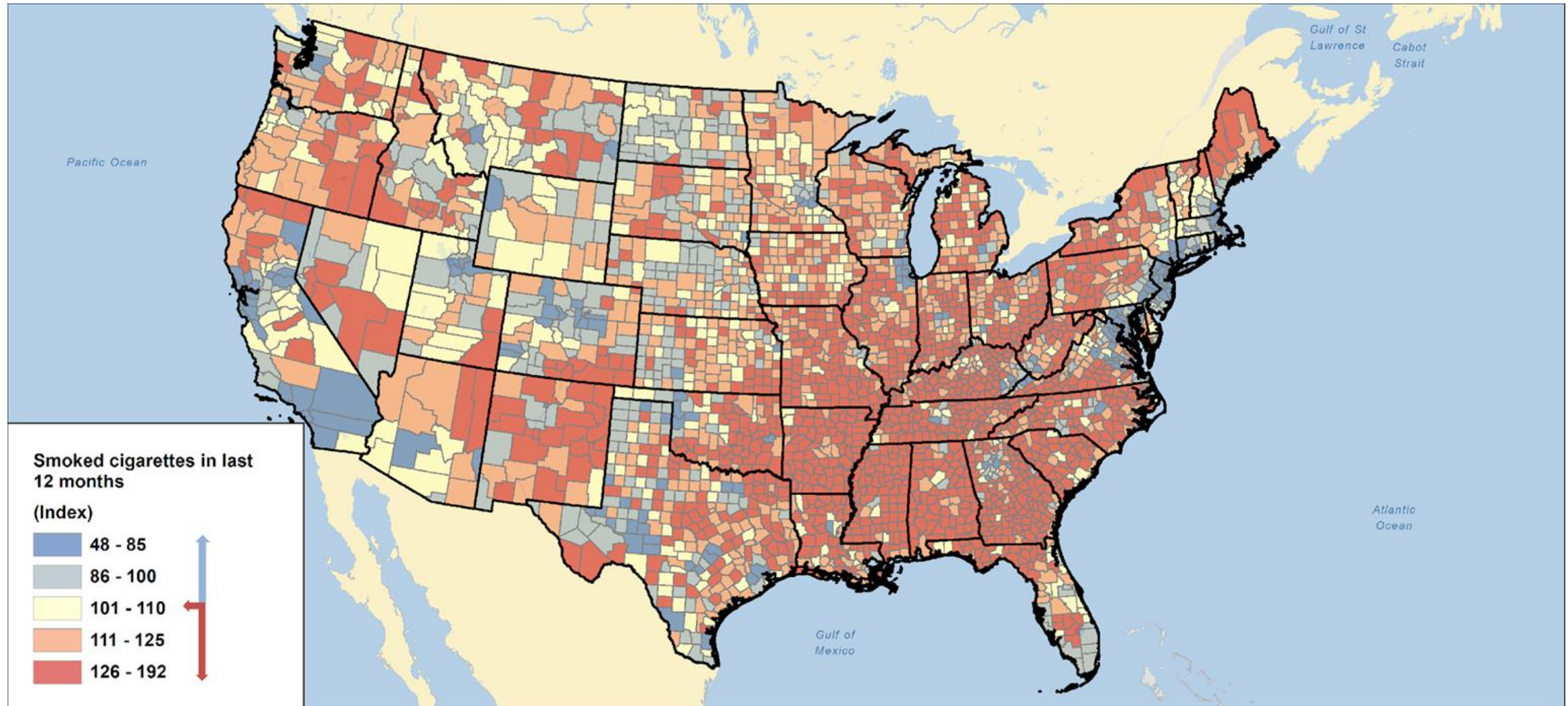
Consumer Spending on Health Care



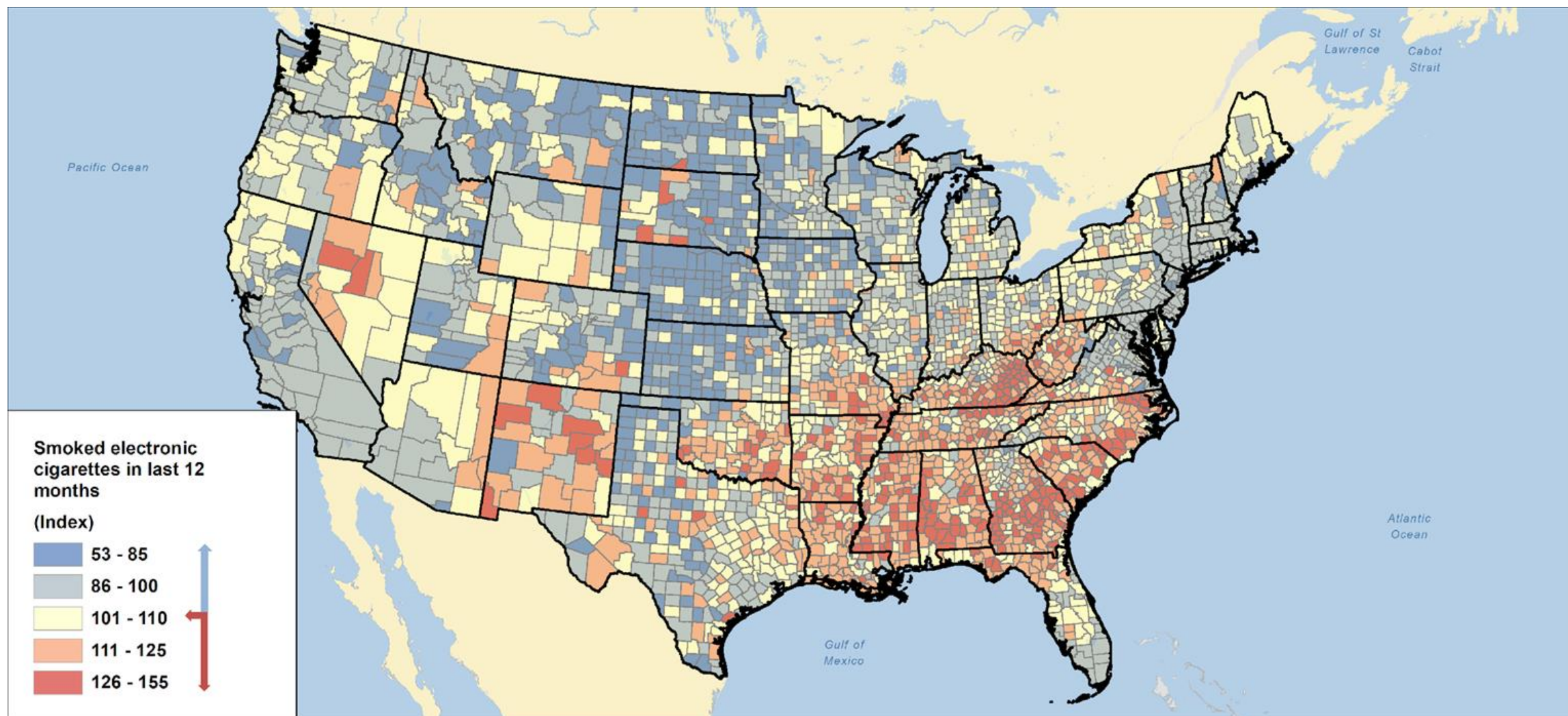
US Index is 100. Orange and Red shaded census tracts are areas that spend more out of pocket on health care than the US average. Grey, blue, and yellow colors spend less out of pocket on healthcare than the US.



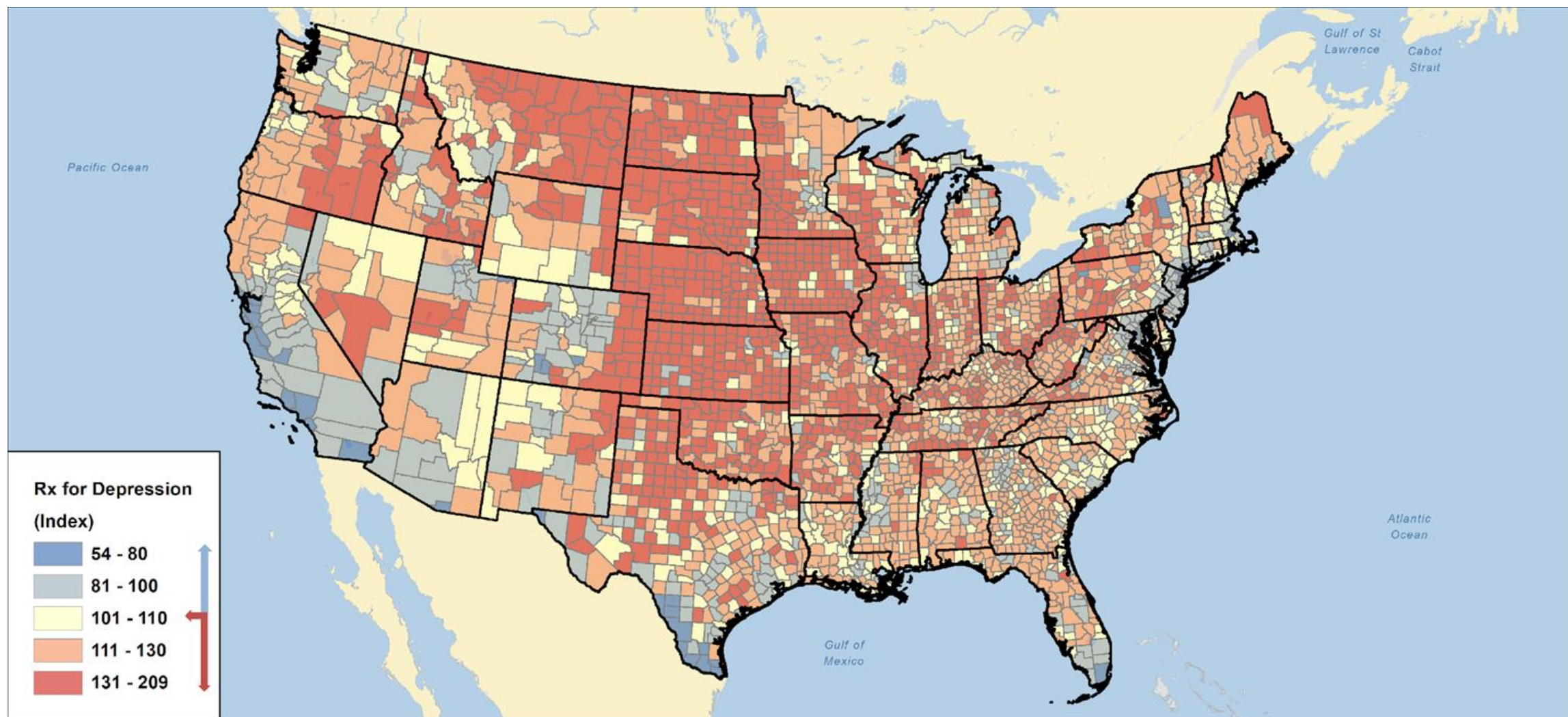
Smoked Cigarettes in Last 12 Months



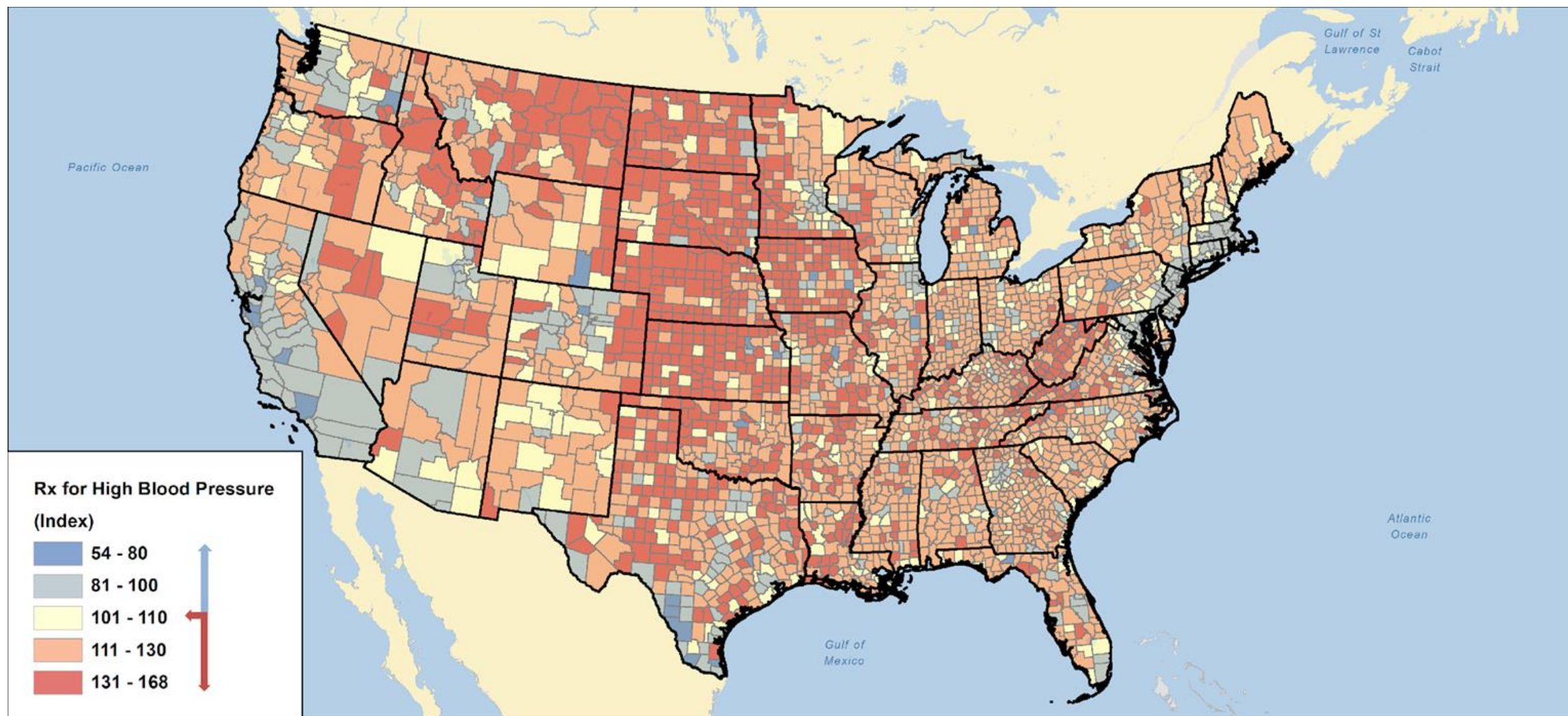
Smoked Electronic Cigarettes in the Last 12 Months



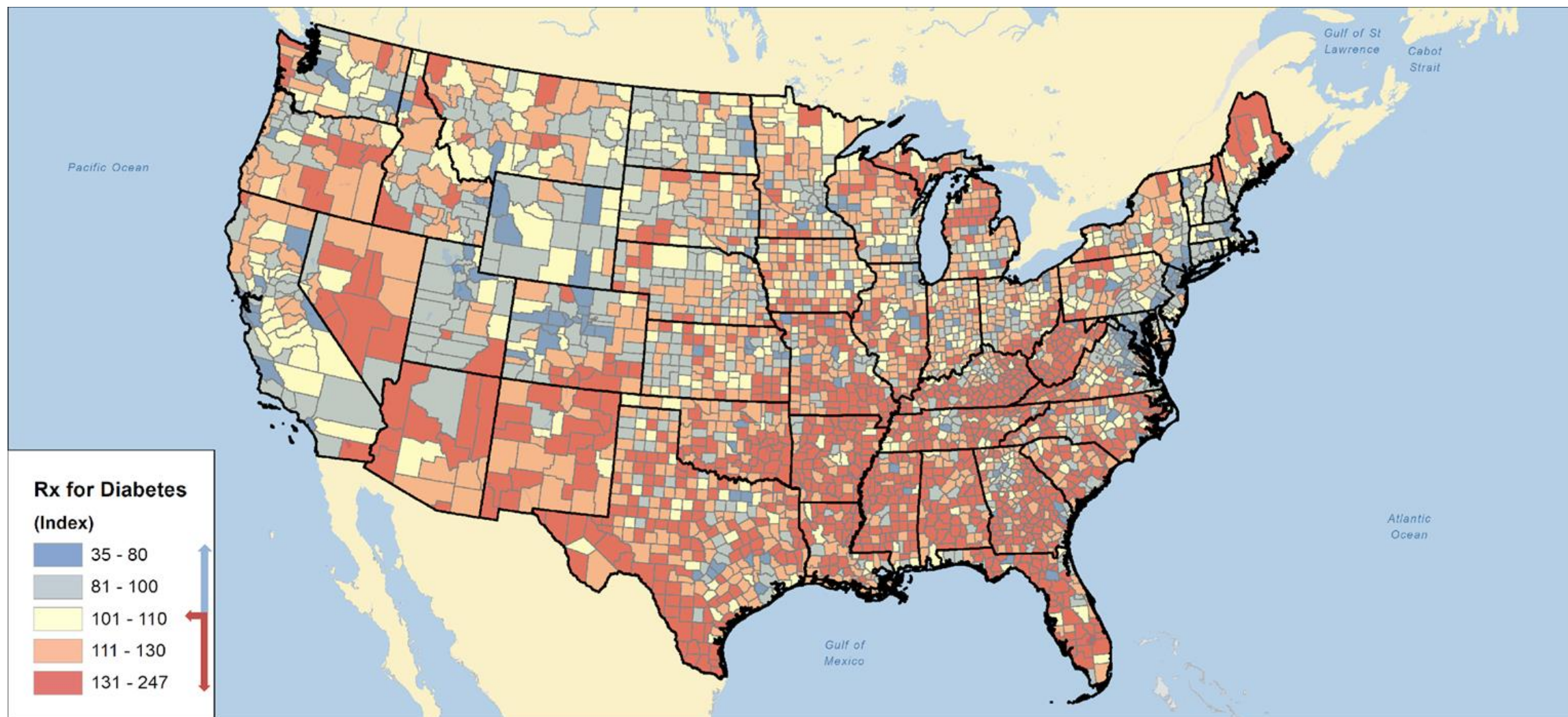
Use Prescription Drug for Depression



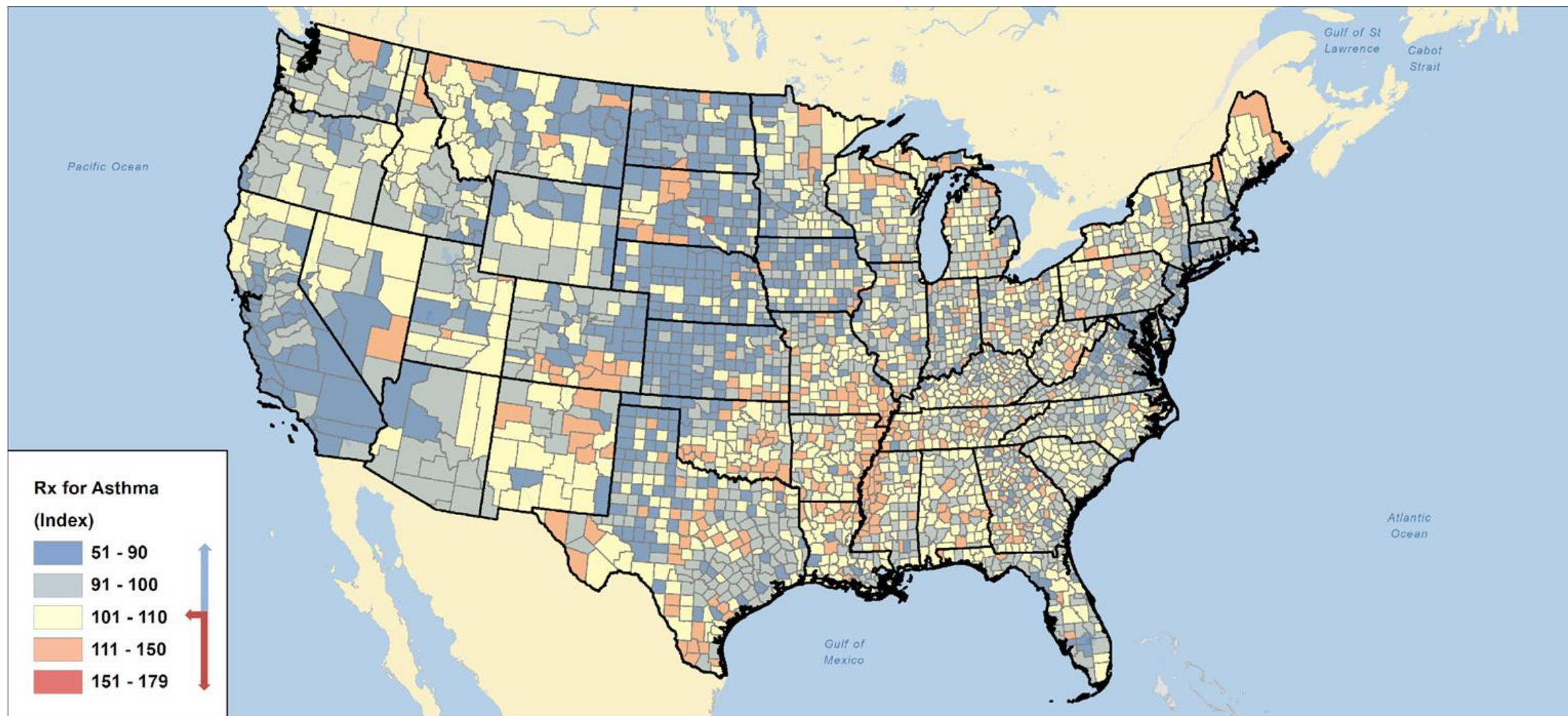
Use Prescription Drug for High Blood Pressure



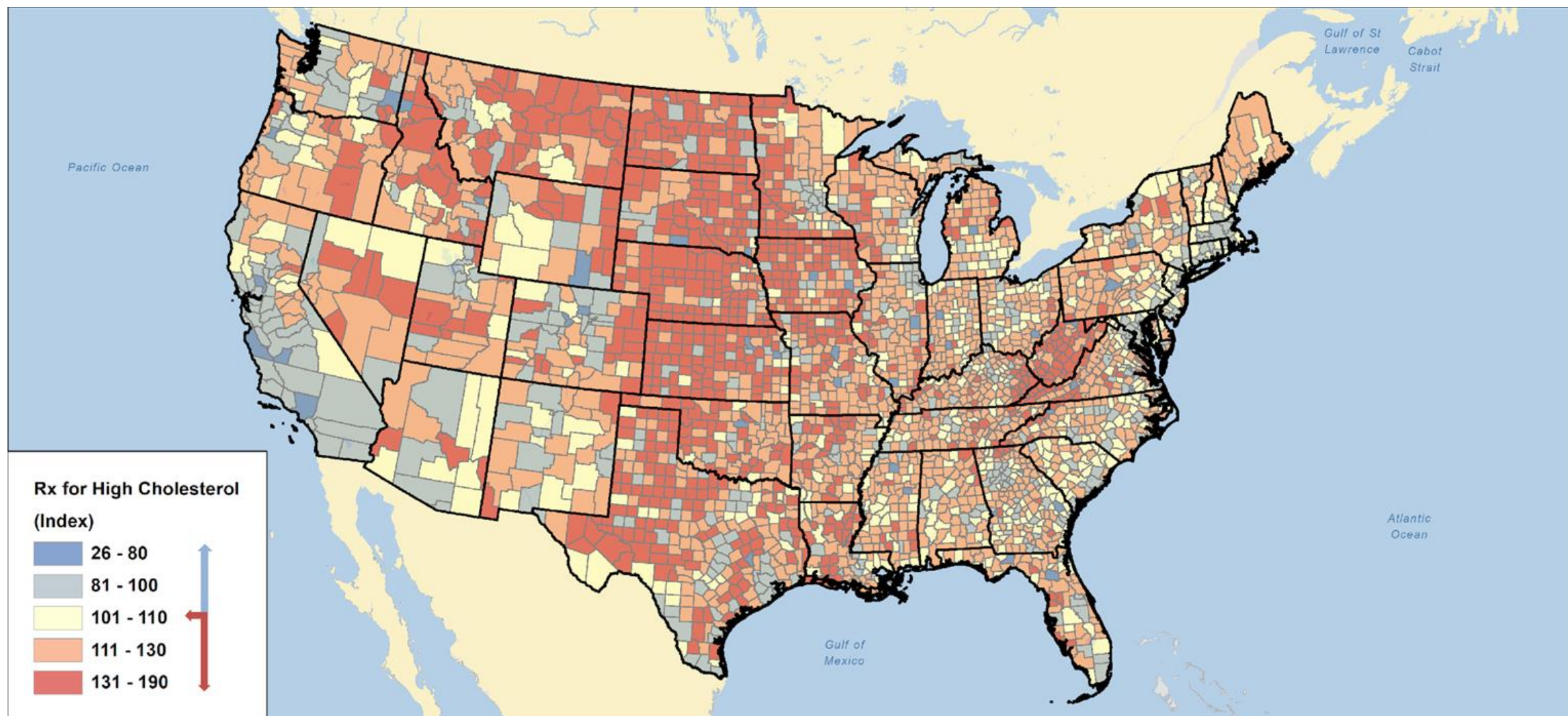
Use Prescription Drug for Diabetes (Insulin Dependent)



Use Prescription Drug for Asthma



Use Prescription Drug for High Cholesterol



Visited a Doctor in the Last 12 Months

